School of Medicine

Student Statement of Compliance with the School of Medicine Infectious Diseases Guidelines

Vaccination requirements for students in the School of Medicine

By signing this document, I acknowledge that:

- I have received, read and understood the School of Medicine Infectious Diseases Guidelines.
- I agree to comply with the policies and requirements as laid out in the School of Medicine Infectious Diseases Guidelines.
- I am up to date with the required vaccinations as laid out in the School of Medicine Infectious Diseases Guidelines. NB: You must have at least commenced the Hepatitis A and B vaccination process. I agree to complete Influenza vaccination annually. *(Clinical placement setting only.)*
- I have been tested for infection with the blood-borne viruses, hepatitis B, hepatitis C and human immunodeficiency virus (HIV). *(Clinical placement setting only.)*
- I agree that if any of the tests for blood-borne viruses are positive or if my infection status for blood-borne viruses changes during the course I will seek advice from an appropriate specialist medical practitioner regarding the implications for my future career, in addition to advising the Dean of Medicine on a confidential basis. I will also decline to take part in any exposure prone procedure and I understand that I will be allowed to do so without any questioning. *(Clinical placement setting only.)*

Student Name	
Student ID Number	
Course Code / Course Name	H911 – Doctor of Medicine
Year of Course Commencement	2027
Signature	
Date	