



STUDENT BLOOD AND BODILY FLUID EXPOSURE INFORMATION DECLARATION

INSTRUCTIONS

1. Print clearly in BLOCK LETTERS using a black or dark blue pen.
2. Please review the information below and sign the declaration
3. Upload your completed form to the student details section of your [InPlace](#) portal.

STUDENT DETAILS

STUDENT ID:	
FAMILY NAME:	
GIVEN NAME(S):	

I have reviewed the information on Blood and Bodily Fluid Exposure on the SA Health website [here](#).

I UNDERSTAND AND ACKNOWLEDGE that:

- Compliance with the Immunisation Requirements for Placement Package is required for any clinically based placements. Details of these requirements are available [here](#).
- Compliance with the Immunisation Requirements for Placement Package is optional for non-clinical placements.
- The University of South Australia recommends that all students undertake the Immunisation Requirements for Placement Package.

I AGREE that:

- If I choose not to comply with the Immunisation Requirements for Placement Package then:
 - I will not be able to participate in a clinically based placement; and
 - the University has no liability to me for any direct or indirect loss, liability, injury or illness arising from my non-compliance with the Immunisation Requirements for Placement Package.
- If I am exposed to any blood/bodily fluids during the course of my placement, I must report this to the University. This is done via the Health, Safety & Injury Management System.

I CONSENT to the University disclosing information regarding my immunisation status to placement providers for the purpose of determining my suitability to undertake a placement with the provider.

SIGNATURE

TODAY'S DATE:	
STUDENT SIGNATURE:	