

SA Health - Health Care Worker COVID-19 Vaccination Refusal Form [DRAFT FOR CONSULTATION]

Family Name: _____ **First Name:** _____
Date of Birth: _____ **Contact Ph. no.:** _____
Email: _____
**SA Health Service/
Education Provider:** _____ **Unit/Department
(if known):** _____
Position: _____ **Employee / Student No:** _____

Organisation position statement

- Health Care Workers (HCWs) have an increased risk of acquiring COVID-19 working in a health care setting.
- SA Health has a duty of care and a responsibility under the [Work Health and Safety Act 2012](#): to minimise the transmission of vaccine preventable diseases (VPD) in the workplace, and the impact VPDs may have on its workers and the functioning of its health services.
- The ['Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination' Policy](#) applies to all current and prospective employees, contractors, students and volunteers of the Department for Health and Wellbeing, Local Health Networks, and statewide and emergency services.
- The ['Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination' Policy](#) strongly recommends the COVID-19 vaccination for employees in Category A, B and C roles.

Health Care Worker COVID-19 vaccine declaration

- I have discussed the benefits and risks of COVID-19 vaccination with my treating practitioner and/or immunisation provider, and have considered the Australian Government's [information](#) about the COVID-19 vaccination. I have also been given the opportunity to discuss any concerns about COVID-19 vaccination.
- I understand that working in a health care setting, I am at a greater risk of exposure to COVID-19 than in the community and therefore I am at a higher risk of catching the virus that causes COVID-19.
- I acknowledge that published scientific evidence indicates that vaccination against COVID-19 will reduce my risk of severe disease, hospitalisation, and death and also reduce my risk of developing long-COVID.
- I decline to receive (or to provide evidence of receipt of) the COVID-19 vaccination that has been strongly recommended in the ['Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination' Policy](#). I am aware of the potential risks to myself and/or others as a result of declining the COVID-19 vaccine.
- I acknowledge that I may be required to comply with other infection control risk mitigation strategies (e.g. PPE) as reasonably required while working in a Category A or B role.
- I understand that I can change my mind at any time and receive the COVID-19 vaccination.
- I have read and fully understand the information in this form.

Health Care Worker's signature: _____

Date: _____

[For current HCW]

Manager Name: _____

Date: _____

Manager Signature: _____

[For prospective HCW]

SA Health CWH Team (or equivalent): _____

DRAFT FOR CONSULTATION

For more information:

Specialist Services

Communicable Disease Control Branch

Level 3, 11 Hindmarsh Square ADELAIDE SA 5000 Telephone: 1300 232 272 www.sahealth.sa.gov.au

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