

Blood Borne Virus Student Declaration Form

All student health care workers of a discipline* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

Declaration

I have read and understand the requirements of the [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#).

Select Either A or B

☐ A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement.

OR

☐ B: I have undergone a repeat test for BBVs within a three-year period from the date of my last test.

The date of my test was: _____

I agree to the following:

- Be tested for Hepatitis B, Hepatitis C and HIV at least once every three years.
- Have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition.
- Have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission.

Cease performing all EPPs if diagnosed with a BBV until the criteria in the [National Guidelines](#) are met.

Declaration: I _____ declare that I comply with the requirements of the [National Guidelines](#) and that the information provided is correct.

Full name:

Date of Birth:

Student ID:

Email address:

Date:

Signature:

*Disciplines that undertake exposure prone procedures include: medicine, paramedicine, midwifery

**Relevant blood borne viruses are Human Immunodeficiency Virus, Hepatitis B and Hepatitis C