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NON-PARTICIPATION IN TUBERCULOSIS (TB) ASSESSMENT AND SCREENING PROCESS

STUDENT DECLARATION

STUDENT NAME

First Name: _____

Surname: _____

STUDENT DATE OF BRITH

DD / MM / YYYY

Students are required to acknowledge in writing that they decline to participate in the TB assessment and screening process in accordance with the Queensland Tuberculosis Control Centre.

- I have read and understood the Queensland Health Tuberculosis information regarding TB assessment and screening process available at :
<https://www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp>
- I decline to participate in the assessment and screening process for TB and am aware of the potential risks.
- I understand that this declaration to decline to participate in the TB assessment and screening process applies only to placements in a Queensland Health facility and that to undertake a placement in a NSW Health facility (and, where notified, other facilities) I will be required to undergo the assessment and screening process for TB.

Student's address: _____

Student's Signature: _____

Declared at _____ the _____ day of _____ year _____

Submit copy of the completed form to the Fit for Professional Practice Office, Griffith University.

Griffith University collects, stores and uses personal information only for the purposes of administering duty of care to students, staff and patients. The information collected will not be disclosed to third parties without a student's consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy Plan at:

<http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan>