

COVID 19 Vaccination Declaration Form Staff, Student & Volunteer

Instructions: Please sign this document and send to peopleworkingwell@gatewayhealth.org.au accompanied with a copy of your COVID-19 Digital Certificate

Personal Details

Full Name	
Date of Birth	
Personal Contact number	
Your Program / Department	
Position Title	
Program	
Direct Manager	

Details provided on this form will be stored on your employee, staff or volunteer record only which is held securely in the G Drive and can only be accessed by the People Working Well Team.

COVID Information Details

Have you received the COVID 19 Vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, which vaccine did you receive	<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer	<input type="checkbox"/> Astra Zeneca
	Dose 1 Received	<input type="checkbox"/> Yes	Date <input type="text"/>
	Dose 2 Received	<input type="checkbox"/> Yes	Date <input type="text"/>
If No, do you intend to:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, which vaccine do you intend on receiving	<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer	<input type="checkbox"/> Astra Zeneca
	If Yes, please provide dates booked in:		
	Dose 1 Date Booked:	<input type="text"/>	
	Dose 2 Date Booked:	<input type="text"/>	

Employee Signature		Date	
---------------------------	--	-------------	--

If a healthcare worker chooses to decline or defer vaccination, we are interested to know the reasons why in order for us to inform continuous improvement to the design and delivery of the COVID-19 vaccination program.

<input type="checkbox"/>	I choose to decline to receive the COVID-19 vaccination.
<input type="checkbox"/>	I cannot get through to make an appointment
<input type="checkbox"/>	I have a medically confirmed exemption with a supporting medical certificate
<input type="checkbox"/>	I have concerns about the safety/adverse reactions related to COVID-19 Vaccination
<input type="checkbox"/>	I have concerns around the effectiveness of COVID-19 Vaccinations
<input type="checkbox"/>	Other, please specify <input style="width: 50%;" type="text"/>

Gateway Health has a responsibility to ensure the safety of our staff, clients, volunteers and visitors. I am aware of the potential risks that my non-participation in COVID- 19 vaccination may pose. By electing not to receive the vaccine, I understand that I will be required to have a further meeting with my General Manager and People Working Well representative about my ongoing employment with Gateway Health.

Employee Signature		Date	
---------------------------	--	-------------	--