

CONSENT TO ACCESS AIR

STUDENT NUMBER: _____

As part of my Occupational Screening & Vaccination Assessment against Specified Infectious Diseases:

I do give / I do not give permission for the OASV Assessor Northern NSW Local Health District to access my Immunisation history statement, if required, from the Australian Immunisation Register.

NAME: _____

DOB: _____

SIGNATURE: _____

DATE: _____

Please complete authorisation form and submit with the undertaking declaration.

