Vaccination Guidelines APPENDIX 2

VACCINATION REFUSAL FORM

TO WHOM IT MAY CONCERN,

I _____ declare that:

I understand that Cricket Australia strongly recommends immunisation as part of both cricket participation in Australia and preparation for Team/Athlete travel to overseas countries where immunisation is recommended.

I understand that Cricket Australia recommends immunisation consistent with the National Immunisation Program (see Table 1) and any additional vaccinations recommended by the Cricket Australia medical team when traveling to specific countries.

I have been informed that failing to undertake the above immunisations may expose me/my child to health risks, which potentially include serious illness and death. It may also put others at risk (including other team members).

I have been given the opportunity to discuss any concerns about immunisation with Cricket Australia Medical Staff.

I appreciate that Cricket Australia medical staff are obliged to provide health information including statement of fitness to travel to Team Management (including coaching staff and selectors) prior to any overseas Tour.

Despite being provided with this information, I insist that I /my child will not be immunized against_____ and I will indemnify Cricket Australia and any associated medical contractor against any damage caused by this decision.

Name: _____
(Printed)

Signature: _____ Date: ___/___/_____

Parent's name_____ (if relevant)

Child's name_____ (Printed)