



IMPORTANT: Requesting VMO Declaration of COVID-19 Vaccination Status

Date: 22 April 2021
To: All VMOs, All Calvary Services
From: Dr Tony Hobbs, Chief Medical Advisor | Kris Salisbury, National Director Clinical Governance

While COVID-19 vaccination is entirely voluntary, Calvary strongly recommends every person elects to be vaccinated. In particular, we encourage every person who works for or with Calvary to be vaccinated.

Our first priority is always the safety, health and wellbeing of our staff, organisational partners, the vulnerable people in our care and the broader community.

In order to help us protect health and wellbeing, we are asking every employee and any other personnel who interface with Calvary to provide information about whether they have chosen (or not chosen) to be vaccinated against COVID-19. **For us to understand and react appropriately to any future outbreaks, we are asking all personnel to complete a form advising of their COVID-19 vaccination status.**

What you need to know about the COVID-19 Vaccination Form

To help us maintain safe working and care environments, Calvary employees, VMOs, GPs, volunteers and students are required to complete this information:

- **If you receive the vaccine**, within 30 days of receiving the first dose (and again after receiving your second dose); or
- **If you do not intend to receive the vaccine**, by Friday 30 April 2021.

COVID-19 vaccination is a personal choice. This requirement should not be misunderstood as a direction by Calvary to be vaccinated against COVID-19.

Completing the COVID-19 Vaccination Form

In completing the **COVID-19 Vaccination Form** you will be asked if you consent to provide the following:

- Whether or not you have received the COVID-19 vaccination;
- If not, advising whether it is because of personal or medical reasons; and
- If you have had the COVID-19 vaccination, details including the date of administration, form of vaccine and evidence of vaccination.

We request that all VMOs declare their COVID-19 vaccination status by downloading and filling in the [COVID-19 Vaccination Form](#) (also attached to this document) and sending the completed form to COVIDVaccinations@calvarycare.org.au

As the information being requested relates to personal medical information it is “sensitive information” within the meaning of the Privacy Act 1988 and the Calvary Privacy Policy.

If you would like to know more about how your information will be recorded, used and stored please ask for a copy of the **COVID-19 Vaccination Data Collection Policy** (available by request to any Calvary service).

As the information sought is acknowledged to be sensitive, your completion of the COVID-19 vaccination form will



also indicate your consent to the requested information.

Why does Calvary want this information?

Knowing who is vaccinated against COVID-19 will allow Calvary to respond directly to known or developing threats of outbreaks and direct people appropriately.

What if I choose to opt out?

You are under no obligation to provide this information to Calvary. If you choose not to disclose this information, please select the appropriate option under the consent field and submit the form.

Do I need to complete the form each time I receive a dose of the vaccine?

Yes, it is important for us to know that you have received both doses of the vaccine to be fully vaccinated against COVID-19. Please retain a copy of your original COVID-19 Vaccination Form, fill in the necessary information each time you receive a dose of the vaccine, and submit the form to COVIDVaccinations@calvarycare.org.au



COVID-19 Vaccination Form

ALL CALVARY SERVICES

Employee/Staff ID:
Phone:
Surname:
Given names:
Calvary Service:
Location:

Calvary requires all staff and other personnel who interface with Calvary services to complete the following form in relation to their COVID-19 vaccination status. Other interfacing personnel include VMOs, visiting GPs, volunteers, and students.

While COVID-19 vaccination is non-mandatory, Calvary strongly encourages every person to receive the vaccine. Information regarding the vaccination status is sought to ensure that we are equipped as an organisation to assist with management of any COVID-19 outbreaks and develop measures to keep our staff, patients, clients and residents safe.

Information you provide in this form is confidential will not be used for any other purpose other than that stated above, unless otherwise directed by legislation.

Calvary employees can refer to Calvary [COVID-19 Vaccination Data Collection Policy](#) for further information.

If you are not an employee and would like to know more about how your information will be used and stored please ask for a copy of the COVID-19 Vaccination Data Collection Policy (available by request to any Calvary service).

Your Consent

I consent to provide information regarding my COVID-19 vaccination

Please complete the sections below if you consent to provide information

I do not consent to provide information regarding my COVID-19 vaccination

Your Vaccination Information

I have received the vaccine

I have received the COVID-19 vaccine

Type of vaccine

Dose 1

Dose 2 (if applicable)

Date of vaccination

Date of vaccination

Please email a copy of your vaccination record as evidence to COVIDVaccinations@calvarycare.org.au

I am choosing not to get the vaccine (You are able to update the vaccination form if your preference changes in future)

I am choosing not receive the COVID-19 vaccine due to medical contraindications

I am choosing not receive the COVID-19 vaccine due to my personal preferences