

COVID-19 Vaccination Declaration Form Contractors



IGO has an obligation to collect and maintain the relevant information on the Covid-19 vaccination status of both employees and contractors as the operator of the mine.

IGO require contractors to complete a Vaccination Declaration to confirm their vaccination status. Contractors are not required to supply a copy of their vaccination certificate.

The following declaration must be signed by the Contracting Manager (direct employer) or an IGO authorised representative prior to mobilisation.

INFORMATION REQUIRED:

1.	First Name		2.	Last Name	
	<input type="text"/>			<input type="text"/>	
3.	Middle Name		4.	Date of Birth	
	<input type="text"/>			<input type="text"/>	
5.	Email Address		6.	Contracting Company	
	<input type="text"/>			<input type="text"/>	
7.	Vaccination Status		8.	Which authorised vaccine did you take?	
	<input type="checkbox"/>	Fully Vaccinated – Complete Section 8 to 10.		<input type="checkbox"/> Pfizer	<input type="checkbox"/> AstraZeneca
	<input type="checkbox"/>	Booster dose received – Complete Section 11 and 12.		<input type="checkbox"/> Moderna	<input type="checkbox"/> Other: (Please specify)
	<input type="checkbox"/>	Exempt			<input type="text"/>
9.	First dosage vaccination date (DD/MM/YYYY)		10.	Second dosage vaccination date (DD/MM/YYYY)	
	<input type="text"/>			<input type="text"/>	
11.	Booster dosage vaccination date (DD/MM/YYYY)		12.	Which authorised booster vaccine did you take?	
	<input type="text"/>			<input type="checkbox"/> Pfizer	<input type="checkbox"/> Moderna
				<input type="checkbox"/> AstraZeneca	<input type="checkbox"/> Other:
13.	Additional Notes: <input type="text"/>				
14.	<p align="center">Workers Declaration*</p> <p>I acknowledge that the information I have provided is accurate and complete regarding my COVID-19 vaccination status. I give consent to IGO to collect, use, store and disclose/transfer this information for lawful purpose, relating to my employment or the operation, management, and administration of the company. I understand that the company will be in compliance with all applicable data privacy laws.</p> <p align="center"><input type="checkbox"/> Accept <input type="checkbox"/> Decline</p>				
	Worker (Sign here)		Date		
	<input type="text"/>		<input type="text"/>		
15.	<p align="center">Contractor Manager/ IGO Authorised Representative*</p> <p>As an authorised representative of the Contracting Company or IGO Authorised Representative, I can confirm the employees current Australian Government Covid Vaccination Certificate has been sighted and confirm that this information provided is correct.</p>				
	Contractor Manager/ IGO Authorised Representative (Print Name)		<input type="text"/>		
	Contractor Manager/ IGO Authorised Representative (Signature)		<input type="text"/>		
	Date (Vaccination sighted)		<input type="text"/>		

**FOR NOVA SITE ADMIN
USE ONLY:**

Name:

Date: