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| --- | --- | --- | --- | --- | --- | --- | --- |
| Division | College / Institute | Building Number / Location | Room Number (if specific) | Potential Infectious Disease | Immunisation Required | Division Requirements | Infection Control Plan in Place |
|  |  |  |  |  |  | Eg form provided before entry |  |
|  |  |  |  |  |  |  |  |
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