

INSTRUCTIONS FOR COMPLETING THE IMMUNISATION QUESTIONNAIRE AND CONSENT FORM

1. Print out the Immunisation Questionnaire & Consent Form.
2. Complete **all** the details required including cost centre and fund number.
3. Ask the department contact (i.e. Resources Manager/Supervisor) to complete their details and sign where indicated (Part 1).
4. Ensure the form has been signed and dated by you (Part 3).
5. Place the completed form in a sealed envelope and mark it “confidential.”
6. Send (via internal mail) to:

Occupational Health Nurse Consultant
Occupational Health and Safety
26 Research Way
Clayton Campus

When the form is received at Occupational Health and Safety you will then be notified (by mail) with details to arrange the necessary immunisation.

Please call one of the Occupational Health Nurse Consultants at Occupational Health and Safety on 9905 1014 if you have any queries.



Q FEVER IMMUNISATION QUESTIONNAIRE & CONSENT FORM

Sections 1-3 must be completed by the person requiring the immunisation prior to authorisation by OHS.

Part 1 - Pre-Immunisation Details

Surname Given names

Date of Birth M F I.D. Number Tel

Department Campus

Building Room number Cost Centre Fund No.

Dept contact name Dept contact signature Dept contact telephone

Part 2 – Reason for Immunisation and Medical History

Q FEVER EXPOSURE RISK: Current Occupation: Date commenced:

Stock Handled:

(✓ IF YES) Cattle Sheep Goats Pigs Horses Other

PREVIOUS OCCUPATIONS: Years spent with animals/meat:

Abattoirs yrs Farm yrs Transport yrs Other yrs

Stock Handled:

(✓ IF YES) Cattle Sheep Goats Pigs Horses Other

Q FEVER HISTORY

	Yes	No	If yes, specify date
1. Have you previously had Q fever?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you already been immunised against Q fever?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had blood tests for Q fever?	<input type="checkbox"/>	<input type="checkbox"/>
4. If yes, what was the result of the blood tests.	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Unknown <input type="checkbox"/>
5. Other information:			

HEALTH HISTORY

	Yes	No	CURRENT MEDICAL TREATMENT	Yes	No
Are you allergic to eggs?	<input type="checkbox"/>	<input type="checkbox"/>	Cortisone type medication	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	(Steroids)		
Are you pregnant, planning to become pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
or breast feeding	<input type="checkbox"/>	<input type="checkbox"/>	Immunosuppressive/chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have an immune system deficiency	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
Other illness:					

Part 3 - Declaration

- I understand that a skin test using a small dose of diluted vaccine and a blood test will be done, to check whether or not I am already immune to Q fever or allergic to the vaccine. The skin test will be read 7 days later.
- I understand that if both the skin and blood tests are negative then the immunising injection will be offered.
- I understand that reactions to the injection are similar to those after any immunisation, most commonly local soreness and inflammation. More serious reactions are very rare.
- I understand that the modern Q fever vaccine has so far been 100% effective in preventing infection in extensive trials, but as individual people's immune systems are not all the same, protection cannot be absolutely guaranteed.
- I have read and understood the information about the possible reaction to Q fever immunisation.
- I understand that part 4 of this form will be completed by the clinic which performs the immunisation. On completion of the Q fever program, this form will be forwarded by the immunising clinic to OHS.
- I understand that my Manager/Supervisor may be notified regarding my immunisation status.
- I consent to be tested and if the blood and skin tests are both negative, I consent to be immunised with Q fever vaccine.

Signed: Date:

Part 4 - Immunisation Record (To be completed by Doctor/Nurse)

Date of Q fever screening (blood test and skin test)

Skin test read on: Date: Time: am/pm. Result Pos Neg Equ

by

Blood test result

Vaccination required? No Yes Batch Expiry Date

Given on by

Comments:

Part 5 - Privacy Statement

The information on this form is collected for the primary purpose of providing high quality health care. It may also be used for a related secondary purpose that complies with legislative reporting requirements. The information collected on this form may be disclosed to others involved in your health care and government departments such as the Department of Human Services as required under mandatory reporting requirements. If all of the information requested is not provided, it may compromise the quality of the health care and treatment given to you, and may not be possible for the university to meet its legal obligations. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. To do this, please contact the Monash University Privacy Officer at privacyofficer@monash.edu