INSTRUCTIONS FOR COMPLETING THE IMMUNISATION QUESTIONNAIRE & CONSENT FORM

1. Complete **all** the details required including the cost centre and fund number.

2. Ask the department contact (i.e. Resources Manager/Supervisor) to complete their details and sign where indicated (Part 1).

3. Ensure the form has been signed and dated by you (Part 3).

4. Send via email from your staff/student email address to the Occupational Health Nurse Consultants at: BPD-OHNC@monash.edu

When the form is received at Occupational Health and Safety you will be notified (by email) with details of how 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.

MONASH University

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IMMUNISATION QUESTIONNAIRE & CONSENT FORM

Meningococcal C. conjugate vaccines

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……..

Tel

Part 2 – Reason for Immunisation and Medical History

Reason for immunisation: (please tick) ✓ ❑ Clinical **OR** ❑ Other

Please answer "yes" or "no" to the following questions:

		YES	NO
1. Have you ever had	– meningitis	❑	❑
	– serious chest infections	❑	❑
	– exposure to anyone known or suspected to have meningitis	❑	❑
2. Are you allergic to phenol?		❑	❑
3. Have you travelled recently in a malarial area?		❑	❑
4. Do you currently have	– immune system deficiency	❑	❑
	– any allergies	❑	❑
	– any illness	❑	❑

If yes to any of the above, please list

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5. Are you taking any medication (eg. tablets, capsules, puffers, creams)?
If yes, please list

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6. Are you pregnant, trying to become pregnant or breast feeding?	❑	❑
7. Do you have any concerns about your health?	❑	❑

If yes, please list

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Part 3 - Declaration

1. I understand that a single injection of the meningococcal meningitis immunisation will be given subcutaneously.
2. I understand that repeat immunisation is generally not required.
3. I understand that reactions to the injection are similar to those after any immunisation, most commonly soreness and inflammation at the injection site. Less commonly fever and chills may occur. Upper respiratory tract illness, headache and lethargy occur occasionally. Allergic reactions are rare.
4. I understand that the immunisation should give antibody response to serogroup C forms of meningococcal infection, but it does not give protection from all forms of meningococcal infection.
5. I understand that part 4 of this form will be completed by the clinic which performs the immunisation. Once the course of immunisations has been completed, this form will be forwarded by the immunising clinic to OHS.
6. I understand that my Manager/Supervisor may be notified regarding my immunisation status.
7. I give my consent to be immunised with meningococcal C conjugate immunisation.

Signed: Date: ……../……../……..

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

Date immunisation given: Given By

Immunisation Trade-name:

Batch No: Expiry Date:

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