



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.



POLIO 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

Reason for immunisation: (please tick) ✓ Working with non human primates OR Other

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

1. Have you previously been immunized against polio? If yes, please give approximate date	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had - a serious reaction to any vaccine	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently have - immune system deficiency	<input type="checkbox"/>	<input type="checkbox"/>
- any allergies	<input type="checkbox"/>	<input type="checkbox"/>
- any illness	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please list

4. Are you taking any medication (e.g. blood thinning agents, aspirin)? If yes, please list	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you pregnant, trying to become pregnant or breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any concerns about your health? If yes, please list	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Declaration

- 1. I understand that immunisation with inactivated Polio vaccine will in most cases, result in the development of immunity to infection from the polio virus.
- 2. I understand that I will have a dose by injection of the vaccine.
- 3. I understand that the risk of any adverse reaction is very low, but there is a possibility of some unwanted effects which will not occur in every person. Most of these effects are mild, and disappear quickly. These reactions may include a mild fever. The risk of any serious effect is extremely low.
- 4. I understand that I am advised not to have the vaccine if I am pregnant.
- 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 have read and understood the information about the possible reactions to polio immunisation.
- 7. I understand that my Manager/Supervisor may be notified regarding my immunisation status.
- 8. I give my consent to be immunised against polio.

Signed Date

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

Trade Name: Dose:.....
Batch:..... Route:
Expiry Date:..... Date Given:
Given by:

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