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

Australian Bat Lyssavirus & Rabies Immunisation Questionnaire & Consent Form

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

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 describe)

Please answer "yes" or "no" to the following questions:	Yes	No
1. Have you previously been immunized against rabies?	❑	❑
If yes, please give approximate date/s		
2. Have you ever had immune system depression?	❑	❑
3. Do you currently have - allergy to neomycin	❑	❑
- any other allergies	❑	❑
If yes, please list …… ….		
- any illness	❑	❑
If yes, please list ……		
4. Are you taking any medication (e.g. tablets, capsules, puffers, creams)?	❑	❑
If yes, please list …… …..		
5. Are you pregnant, trying to become pregnant or breast feeding?	❑	❑
6. Do you have any concerns about your health?	❑	❑
If yes, please list …… ….		

Part 3 - Declaration

1. I understand that the human diploid cell rabies vaccine is an inactivated virus vaccine.
2. I understand that rabies vaccine will, in most, cases result in immunity to the rabies virus and give protection against the Australian Bat Lyssavirus.
3. I understand that the effects of the vaccine on pregnancy are unknown and therefore becoming pregnant during the course of injections is inadvisable.
4. I understand that if I have had previous rabies immunisation, a blood test may be required to determine antibody status.
5. I understand that adverse reactions may occur, including redness, swelling and tenderness at the site of the injection, and in the first 24 hours, a mild fever, headache, abdominal pain, muscle aches and dizziness. No serious adverse reactions to the nervous system have been reported using this vaccine, and the risk is low.
6. I understand that Part 4 of this form will be completed by the clinic which performs the immunisation. Once the course of injections (normally 3 but up to 5) and the blood tests (normally 1 but up to 3) have been completed, this form will be automatically forwarded by the immunising clinic to OH&S.
7. I understand that my Manager/Supervisor may be notified regarding my immunisation status.
8. I believe the answers to the above are correct and I give my consent to be immunized and to have blood samples taken for antibody assay.

Signed **Date**

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

	Batch	Expiry date	Date	Given by
Injection 1	.....	.....	……../…../…….	…… …
Injection 2 (7 days after injection 1)	.....	.....	……../…../…….	…… …
Injection 3 (28 days after injection 1)	.....	.....	……../…../…….	…… …
Blood Test Result (One month after injection 3)		Adequate[1] ❑ Inadequate[2]	……../…../…..……	
Injection 4 (If inadequate response)	.....	.....	……../…../…….	
Blood Test Result (One month after injection 4)		Adequate[1] ❑ Inadequate[2]	……../…../…….	
Injection 5 (If inadequate response)	.....	.....	……/…../…….	
Blood Test Result (One month after injection 5)		Adequate[1] ❑ Inadequate[2]	..……/…../……	
Two Yearly Booster	.....	.....	..……/…../……	

[1] Adequate = 0.5 i.u./ml [2]Inadequate = < 0.5 i.u./ml

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

ABL Rabies Immunisation Questionnaire & Consent form, v3.1Responsible Officer: Manager, OHS
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