

## **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 Dept contact (i.e. Resources Mgr/ 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  
Room 1172, Level 1, Building 10  
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 Name, Uni. ID. No., Date of Birth, M, F, Country of Birth, Tel., Department, Campus, Cost Centre, Fund No., Dept contact name, Signature, Tel.

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, Farm, Transport, Other

Stock Handled:

(IF YES) Cattle, Sheep, Goats, Pigs, Horses, Other

Q FEVER HISTORY

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

HEALTH HISTORY

Are you allergic to eggs? Yes No
Have you ever had Arthritis? Yes No
Are you pregnant, planning to become pregnant or breast feeding? Yes No
Do you currently have an immune system deficiency? Yes No
Other illness:

CURRENT MEDICAL TREATMENT

Cortisone type medication (Steroids) Yes No
Radiotherapy Yes No
Immunosuppressive/chemotherapy Yes No
Other:

Part 3 - Declaration

- 1. I understand that a skin test using a small dose of diluted vaccine and a blood test will be done...
2. I understand that if both the skin and blood tests are negative then the immunising injection will be offered.
3. I understand that reactions to the injection are similar to those after any immunisation...
4. I understand that the modern Q fever vaccine has so far been 100% effective...
5. I have read and understood the information about the possible reaction to Q fever immunisation.
6. I understand that part 4 of this form will be completed by the clinic which performs the immunisation.
7. I understand that my Manager/Supervisor may be notified regarding my immunisation status.
8. 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
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 comply with legislative reporting requirements.