

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.



TUBERCULOSIS SCREENING QUESTIONNAIRE & CONSENT FORM

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

Part 1 - Pre-Screening Details

Surname Given names.....

Date of Birth M F Uni. I.D. Number Tel

Department Campus..... Cost Centre Fund No.....

Dept contact name.....Signature Tel

Part 2 - Reason for Screening and Medical History

Reason for screening: (please tick ✓) Clinical work Laboratory work Working with animals

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

	YES	NO
1. Have you ever had		
- tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
- serious chest infections	<input type="checkbox"/>	<input type="checkbox"/>
- exposure to anyone known or suspected to have tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you previously had a Mantoux or Heaf Test?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give approximate date/s and the result if known.....		
3. Have you ever had a BCG? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently have		
- any allergies	<input type="checkbox"/>	<input type="checkbox"/>
- immune system deficiency	<input type="checkbox"/>	<input type="checkbox"/>
- any illness	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you taking any medication (e.g. tablets, capsules, puffers, creams)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you pregnant, trying to become pregnant or breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any concerns about your health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Declaration

- I understand that a skin test using a small dose of purified protein derivative will be given to check whether or not I have immunity to TB or allergy to the vaccine. The skin test will be read 48-72 hours later.
- I understand that reactions to the Mantoux Test are most commonly local soreness and inflammation. More serious reactions are very rare.
- I understand that Part 4 of this form will be completed by the clinic which performs the screening. On completion of the TB screening 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 Mantoux tested and to the two yearly surveillance program if required.

Signed: Date:/...../.....

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

Date of Mantoux Test:...../...../.....

Skin test read on: Date:...../...../..... Time:..... am/pm, by:

Result: mm..... Interpretation:

Repeat Mantoux required Yes No

Surveillance program required (2 yearly Mantoux testing) Yes No

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. 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 on 9905 6048.

Surveillance Program
(for staff with previously NEGATIVE Mantoux Tests)

Date of Mantoux Test:..... /..... /

Skin test read on date:..... /..... /

Time: am/pm, by

Result: mm.....

Interpretation:.....

Date of Mantoux Test:..... /..... /

Skin test read on date:..... /..... /

Time: am/pm, by

Result: mm.....

Interpretation:.....

Date of Mantoux Test:..... /..... /

Skin test read on date:..... /..... /

Time: am/pm, by

Result: mm.....

Interpretation:.....

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Date of Mantoux Test:..... /..... /

Skin test read on date:..... /..... /

Time: am/pm, by

Result: mm.....

Interpretation:.....