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Australian Q Fever Register

PO Box 1278
Toowoomba QLD 4350

Personal Details and Consent Form

The Australian Q Fever Register has been established by Meat and Livestock Australia (MLA) to assist organisations to determine the Q Fever immune status of an individual, to prevent unnecessary testing, and to minimise the risk of exposing susceptible individuals to the organism in the workplace. To be included on the Register, you must provide your personal details and sign this consent form. **Please do not leave any blank spaces – all the information is required. Give the completed form to your employer to register your details or post it to the Australian QFever Register with a copy of your medical evidence that confirms your Q Fever Status.**

Personal Details						
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		Phone number		
Name						
Given Name		Other Names		Family Name		
Date of Birth		Postal Address				
- -		Street number, name, PO Box, RMB, Flat number, etc				
Day month year						
Town/Suburb		State		Postcode	Country	

Identification			
Security Question If you telephone the register, you will be asked this question to confirm your identity. Tick one of these four questions that nobody else is likely to know the answer to.			
<input type="checkbox"/> Mother's maiden name (her name before she was married)? <input type="checkbox"/> Town where you were born? <input type="checkbox"/> Town where your spouse was born? <input type="checkbox"/> Your first pet's name?			
<table border="1"> <tr> <td style="width: 100px; height: 40px; vertical-align: top;">ANSWER</td> </tr> <tr> <td style="font-size: small;">Write the Answer to the question you ticked here.</td> </tr> </table>		ANSWER	Write the Answer to the question you ticked here.
ANSWER			
Write the Answer to the question you ticked here.			

Type of Job		Please tick only one box that best describes your intended job.	
<input type="checkbox"/> Work in a meat processing plant		<input type="checkbox"/> Work with livestock or wildlife	
<input type="checkbox"/> Contractor or visitor to a meat processing plant		<input type="checkbox"/> Other	
Name of employer or Industry Group			

Previous Screening / Vaccination	
<input type="checkbox"/> I believe I have previously been tested and/or vaccinated for Q fever	
Screening location and / or name of GP	Approximate Date (month and year) /

I understand that:

- Information on the Register will only be used to check if I have been previously tested, vaccinated or infected with Q fever.
 - Nobody can access my personal details on the Register without my permission.
 - Register data may be used for limited research into Q fever. Researchers may also contact me for more information, if I agree:
- Yes, I consent to being contacted for additional research purposes.
- No, I do not wish to be contacted for research purposes.

Please read the information on the back of this page for more details before signing this form.

I have read and I understand the information on this form and I hereby consent to the inclusion of my personal details and information relating to my Q Fever immune status in the Australian Q Fever Register.

Signed: _____

Date: ____ / ____ / ____

I understand that:

- 1) The information that may be included on the register is: Name; Date of birth; Address; Type of job; Date of any Q Fever Vaccination administered; Date and results of any Q Fever tests performed; Date of laboratory confirmation of any diagnosis of Q Fever disease.
- 2) I will be issued with a Q Fever card which includes my Name; Date of Birth; Q Fever Register Number; Q Fever Immune status and the date the card was issued. I will also receive a copy of the information held by the Register and have an opportunity to correct any errors.
- 3) Employers (meat processors) will be able to access my personal information held by the Register for the purpose of confirming my immune status.
 - Employers can only access my information if they know my name, date of birth and Register Number.
 - Employers can only find my Register Number if
 - i) I tell them, or
 - ii) They electronically submit the information in this consent form to the Register using the Internet.
- 4) If I have been previously tested or vaccinated, my employer or doctor may contact the site at which the screening/vaccination took place and request copies of my relevant medical records.
- 5) The information on this form will be either submitted to the Register by my current employer (after which this signed original consent form will be lodged with the Register) or mailed by me directly to the Register. Information may be submitted, and my details accessed, over the Internet. Secure connections and passwords ensure that only authorised employers are able to submit information to or access information from the Register.
- 6) If I wish to know what details are recorded in the Register, my Register Number, to request a replacement Q Fever card, or correct errors in the Register, I may call the Q Fever Register Help-Line, and identify myself using my name, date of birth, and answering the Security Question selected on this form. I must supply appropriate documentation in order to make any changes or corrections to the Register data.
- 7) A copy of my Q Fever screening test results and Q Fever vaccination certificates will be sent to the Register and kept securely. No unauthorised person will have access to these documents.
- 8) I may request for my details to be permanently removed from the Register at any time by ringing the Register Help-Line.
- 9) Summary information including the total number of people in the Register that have been tested, vaccinated or diagnosed may be released publicly for the purpose of monitoring the disease, but such information will not contain the names or details of individual persons.
- 10) Information in the Register may be used for the purpose of research into Q fever, subject to clearance by an Ethics Committee. Researchers may then be provided with personal information allowing them to contact me for further information, if I have indicated on the form that I consent to being contacted for research purposes. Researchers may not disclose personal identifying information without my consent.
- 11) My personal information will not be released or sold for any commercial or marketing purpose. No information will be released to any government authorities except in the following circumstances:
 - where a government authority acts as a registered screening and vaccination service provider, or
 - where there are reasonable grounds to believe that disclosure is necessary to prevent a threat to life or health.

For more information contact the Q Fever Register Help-Line or visit the Q Fever Register Web site:

Australian Q Fever Register Help-Line: **1300 QFEVER** (1300 733 837)

Direct line (if calling from a mobile): **07 4638 4544**

Fax number: **07 4638 4546**

Australian Q Fever Register Web site: **<http://www.qfever.org>**

Postal Address: Australian Q Fever Register
PO Box 1278, Toowoomba QLD 4350

Information for Employers and Medical Practitioners:

Please give a copy of this form to all employees / clients involved in Q Fever screening and vaccination programs, along with a copy of the "Fact Sheet - Q Fever and the Australian Q Fever Register", and invite them to participate in the Register. Note that a signed consent form is required for submission of information to the Register, but is not necessary for a person to be screened or vaccinated. If employees / clients have any questions about the Register, you may refer them to the Q Fever Register Help-Line.

Once completed, the information on this form should be submitted to the Register electronically via the Register web site. The person's Q Fever Register Number will be provided once the data is submitted. Please write this at the top of the form in the space provided. The original of this form and copies of any other supporting documentation (screening test results and vaccination certificates) should then be mailed to the Register within 30 days. Employers / practitioners are not permitted to retain copies of this form.