

Q FEVER EMPLOYEE QUESTIONNAIRE

You will be excluded from a prescreening and vaccination program if the results show you have been diagnosed with Q fever; your previous blood and / or skin test was positive; or you have already been vaccinated against Q fever.

Please return to: <input type="checkbox"/> Office <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor by _____ / _____ / _____

Personal Information

Full name	Date of birth _____ / _____ / _____	
Department	Job	Length of time in the industry _____ years _____ months

Previous Diagnosis

Have you ever been diagnosed with Q fever?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	When	Doctor's name	
Doctor's address			
Please complete the Q Fever Release of Information Authority to allow us to check your medical records			

Screening and Vaccination

Have you ever participated in a Q fever screening and vaccination program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	When	Where	
Please complete the Q Fever Release of Information Authority to allow us to check your medical records			
Have you been vaccinated for Q fever?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	When	Where	
Please complete the Q Fever Release of Information Authority to allow us to check your medical records			

Risk of Exposure

Did you grow up, or do you now live, on a sheep, cattle, goat or dairy property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	Length of time		
Did you, or do you now, regularly visit a sheep, cattle, goat or dairy property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tick the activities you have been involved in or do now perform:			
<input type="checkbox"/> Feedlot work	<input type="checkbox"/> Shearing	<input type="checkbox"/> Collecting sheep/ cattle manure for the garden	
<input type="checkbox"/> Stock / Farm work	<input type="checkbox"/> Animal husbandry	<input type="checkbox"/> Private slaughter of sheep, cattle or goats	
<input type="checkbox"/> Tannery work	<input type="checkbox"/> Livestock buying	<input type="checkbox"/> Dressing kangaroo carcass and/ or tanning the pelt	
<input type="checkbox"/> Animal transport	<input type="checkbox"/> Milking cows or goats	<input type="checkbox"/> Other activities associated with livestock production	
How often did you, or do you now, perform these activities?			
Did you, or do you now, drink unpasteurised cow's or goat's milk?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments			

Illness

Do you recall having an illness, possibly lasting 7 days or more, that commenced suddenly with fever, chills, profuse sweating, muscle and joint pains, severe headache & fatigue?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	When	Were you absent from work?	
Length of time off work		How long did it take to recover?	