

Q FEVER RELEASE OF INFORMATION AUTHORITY

I, _____ born _____
Full name Date of birth
of _____
Full address

believe I have (tick the correct situation):

- been diagnosed with Q fever by Dr _____ in _____
Doctor's name Year
- participated in a Q fever prescreening
and vaccination program at _____
Name of previous workplace

I hereby consent to the release of my Q fever results which may exclude
me from the prescreening and vaccination program commencing on _____
Date of program
at _____
Name and address of current workplace

Please forward to the Q fever program co-ordinator at the above address:

- a copy of my pathology results

Or, in case of a prescreening and vaccination program:

- a copy of my pathology results
 the results of my skin test
 Q fever vaccination date

Signature

Date

This section is to be completed by the doctor who made the diagnosis or organisation that carried out the screening program

To ensure we include all non-immune employees in the vaccination program it would assist us if you could tick the appropriate boxes and return this form to the above address.

- The following records are attached:
- pathology results
 - skin test results
 - Q fever vaccination date
- Our records **do not** indicate:
- a past diagnosis of Q fever
 - participation in a Q fever prescreening and vaccination program