

Q FEVER PRE-SCREENING AND VACCINATION FORM

Personal Details

Family Name		Given Names	
Date of Birth	/ /	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Series Number			
Employer			
Occupation	<input type="checkbox"/> Abattoir / meat processor	<input type="checkbox"/> Shearer	<input type="checkbox"/> Dairy farmer
Group	<input type="checkbox"/> Contractor to a meat processor	<input type="checkbox"/> Grazier	<input type="checkbox"/> Other (specify):

Blood Test

Venipuncture Date	/ /	Pathology Service	
Results interpreted by		Provider No.	Date / /
Test Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Pathology Serial Number	Q Fever Register File Reference
Comments			
<i>Attach pathology results to this form</i>			

Skin Test

Date administered	/ /	By whom	Batch No.	Expiry date	/ /
Results interpreted by		Provider No.		Date read / /	
Diameter of Induration	Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	Q Fever Register File Reference		
Comments					
Induration palpated by employee			<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee signature	

Vaccination

Vaccination Date	/ /	Vaccine Batch No	
Vaccine Expiry Date	/ /	Q Fever Register File Reference	
Vaccinator	Provider No.	Signature	
Uncommon Reactions			
<i>Uncommon post-vaccination reactions should be reported to CSL Ltd on 1800 642 865</i>			

No Vaccination

Vaccination did not proceed because: <i>(tick the appropriate reason)</i>	
<input type="checkbox"/> blood and/or skin test proved positive	<input type="checkbox"/> past diagnosis of Q fever
<input type="checkbox"/> previous Q fever vaccination	<input type="checkbox"/> medically contra-indicated
<input type="checkbox"/> currently experiencing influenza-type symptoms	<input type="checkbox"/> employee refused

Release Authority

Authority to release pre-screening results received:			
/ /	/ /	/ /	/ /
<i>Release of Information Authority to be filed in employees medical records</i>			

Please read the instruction sheet for more information on how to use this form.

Contact details: Ph: 1300 QFEVER (1300 733837) or 07 4638 4544 (if calling from a mobile)

Fax: 07 4638 4546

www.qfever.org