

HEPATITIS B IMMUNISATION QUESTIONNAIRE & CONSENT FORM FOR MONASH SPORT STAFF/FIRST AIDERS

Note: This form is **ONLY** to be completed by Monash Sport staff/qualified first aiders and first aiders undertaking renewal training for their certificate, who act as Monash University first aiders.

Note: a first aid course must have been completed.

For further information refer to the information sheet on “Hepatitis B Immunisation for First Aiders”:
<http://www.monash.edu/ohs/info-docs/safety-topics/first-aid/hepatitis-b-immunisation-for-first-aiders>

Staff who are not Monash University first aiders but require Hepatitis B immunisation for their work must first contact OH&S on 9905 1014.

INSTRUCTIONS FOR COMPLETING THE IMMUNISATION QUESTIONNAIRE & CONSENT FORM

1. Complete **all** the details required including the cost centre and fund number.
2. Ask the department contact (i.e. Resources Manager/Supervisor) to complete their details and sign where indicated (Part 1).
3. Ensure the form has been signed and dated by you (Part 3).
4. Send via email from your staff/student email address to the Occupational Health Nurse Consultants at: BPD-OHNC@monash.edu

When the form is received at Occupational Health and Safety you will be notified (by email) with details of how 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.

HEPATITIS B IMMUNISATION QUESTIONNAIRE & CONSENT FORM

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

Part 1 - Pre-Immunisation Details

Surname _____ Given names _____

Date of Birth _____ M F I.D. Number..... Mobile _____ Tel _____

Department Campus

Building Room number..... Cost Centre Fund No.....

Dept contact name _____ Dept contact signature Dept contact telephone.....



MONASH University

Part 2 - Reason for Immunisation and Medical History

Reason for immunisation: (please tick) First Aider Working with human blood and bodily fluids Potential exposure to sewerage

Working with animals (please list below) Water/Environmental studies

Gardeners Childcare

Responsible for needle syringe disposal

Other (please list)

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

	YES	NO
1. Have you previously been immunised against Hepatitis B? If yes, please give approximate dates:	<input type="checkbox"/>	<input type="checkbox"/>
1st immunisation -		
2nd immunisation -		
3rd immunisation -		
Blood test date -		
Blood test result -		
2. Have you ever had - hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
- jaundice	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently have - yeast hypersensitivity	<input type="checkbox"/>	<input type="checkbox"/>
- any illness	<input type="checkbox"/>	<input type="checkbox"/>

If so, please list

.....

- immune system deficiency YES NO

- any allergies (please list and include reaction) YES NO

.....

4. Are you taking any medication (e.g. tablets, capsules, puffers, creams)? YES NO

If so, please list

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5. Are you pregnant, trying to become pregnant or breast feeding? YES NO

6. Do you have any concerns about your health? YES NO

If so, please list

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Part 3 - Declaration

1. I understand that Hepatitis B immunisation will, in most cases, result in immunity to the Hepatitis B virus. I understand that the risk of adverse reactions is very low. Soreness at the injection site, more rarely aches and fever and very rarely hypersensitivity may occur.
2. I understand that the effects of the vaccine on pregnancy are unknown and therefore becoming pregnant during the course of injections is inadvisable.
3. I understand that if I have had previous Hepatitis B immunisation, a blood test may be required to determine antibody status.
4. Once the course of injections and the blood tests have been completed, I understand that Part 4 of this form will be completed by the clinic which performs the immunisation or the immunisation records and serology results will be forwarded by the immunising clinic to OH&S.
5. I understand that my Manager/Supervisor may be notified regarding my immunisation status.
6. I believe the answers to the above are correct and I give my consent to be immunised with Hepatitis B and to have a blood sample taken for antibody assay one month after the last injection.

Signed

Date

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

	Batch	Expiry date	Given by	Date
Injection 1/...../.....
Injection 2 (One month after injection 1)/...../.....
Injection 3 (Six months after injection 1)/...../.....

Blood Test Result (One month after injection 3) _____IU Adequate¹ Inadequate² /...../.....

If inadequate seroconversion

1. Double dose

	Batch	Expiry date	Given by	Date
Injection 4/...../.....
Injection 5/...../.....

Blood Test Result (One month after double dose injection 4 & 5)
_____IU Adequate¹ Inadequate² /...../.....

OR

2. Further 3 doses at monthly intervals

	Batch	Expiry date	Given by	Date
Injection 4/...../.....
Injection 5/...../.....
Injection 6/...../.....

Blood Test Result (One month after injection 6) _____IU Adequate¹ Inadequate² /...../.....

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 complies 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 at privacvofficer@monash.edu.