

## 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](mailto: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 A IMMUNISATION QUESTIONNAIRE & CONSENT FORM

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

### Part 1 - Pre-Immunisation Details

Surname \_\_\_\_\_ Given names \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ M  F  I.D. Number \_\_\_\_\_ Tel \_\_\_\_\_  
 Department ..... Campus \_\_\_\_\_  
 Building number ..... Room number ..... Cost Centre ..... Fund No \_\_\_\_\_  
 Dept contact name ..... Dept contact signature ..... Dept contact telephone \_\_\_\_\_

### Part 2 – Reason for Immunisation and Medical History

Reason for immunisation: (please tick) ✓

<input type="checkbox"/> Working with non human primates	OR	<input type="checkbox"/> Childcare worker	OR
<input type="checkbox"/> Maintenance worker	OR	<input type="checkbox"/> Water studies worker	OR
<input type="checkbox"/> Other			

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

	YES	NO
1. Have you previously been immunised against hepatitis A?  If yes, please give approximate date/s	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
- immune system deficiency	<input type="checkbox"/>	<input type="checkbox"/>
- any allergies (please list and include reaction)	<input type="checkbox"/>	<input type="checkbox"/>
.....		
4. Are you taking any medication (e.g. tablets, capsules, puffers, creams)?  If yes, please list	<input type="checkbox"/>	<input type="checkbox"/>
.....		
.....		
5. Are you pregnant, trying to become pregnant or breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any concerns about your health?  If yes, please list	<input type="checkbox"/>	<input type="checkbox"/>
.....		
.....		
.....		
.....		

### Part 3 – Declaration

1. I understand that Hepatitis A immunisation will, in most cases, result in immunity to the Hepatitis A 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 A immunisation, a blood test may be required to determine antibody status.
4. I understand that Part 4 of this form will be completed by the clinic which performs the immunisation. Once the course of injections (normally 2 but up to 3) and the blood tests (normally 1 but up to 2) have been completed, this form will be forwarded by the immunising clinic to OHS.
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 A immunisation.

Signed

Date

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

	Batch	Trade Name	Expiry date	Date	Given by
Injection 1	.....	.....	...../...../.....	...../...../.....	.....
Injection 2 (6-12 months after injection 1)	.....	.....	...../...../.....	...../...../.....	.....

**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 [privacyofficer@monash.edu](mailto:privacyofficer@monash.edu).