

Q FEVER EMPLOYEE QUESTIONNAIRE

PERSONAL DETAILS		
Family Name	Given Names	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Home phone	Mobile	
Organisation	Employee ID	
PREVIOUS DIAGNOSIS		
Have you ever been diagnosed with Q Fever?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, when	Doctors name	
Doctors address		
If YES, 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	
Have you ever been vaccinated for Q Fever?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, when	Where	
If YES to either question, please complete the Q Fever Release of Information Authority to allow us to check your medical records		
QUESTIONNAIRE		
Have you ever lived on a sheep, cattle goat or dairy property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, length of time		
Have you ever regularly visited a sheep, goat, beef or dairy cattle property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or have you worked in the meat processing industry?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, for how long		
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"/> Milking cows or goats	<input type="checkbox"/> Private slaughter of sheep, cattle or goats
<input type="checkbox"/> Tannery work	<input type="checkbox"/> Livestock trading	<input type="checkbox"/> Dressing kangaroo carcasses or skins
<input type="checkbox"/> Animal transport	<input type="checkbox"/> Other activities associated with livestock production	
ILLNESS and OTHER CONDITIONS		
Do you recall having an illness, possibly lasting 7 days or more, that included symptoms such as fever, chills, sweating, muscle and joint pains, severe headache and fatigue?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, when	Were you absent from work?	
Do you have any allergies, particularly to eggs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had reactions to any other vaccinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cancer of the bone marrow, blood or lymph nodes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on any medication (answer below)		
Cortisone or other corticosteroid?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any form of cancer medication or radiation therapy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Females: Are you pregnant or is there any risk of pregnancy?		<input type="checkbox"/> Yes <input type="checkbox"/> No

This questionnaire is provided for internal use by organisations offering Q Fever Screening and Vaccination programs. It is not required by the Australian Q Fever Register and organisations are encouraged to seek legal advice on their obligations under Australian privacy laws in respect of information collected on this form. For further information about the Q Fever Register, please visit www.qfever.org