

## 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			
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	
Note: If previously diagnosed or vaccinated, a "Release of Information Authority" may need to be completed to allow a check of your medical records. Refer to note at bottom of questionnaire.			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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. This form is provided as an example and should be modified to suit your business purposes. 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, and for any "release of information" authority that may be required. . For further information about the Q Fever Register, please visit [www.qfever.org](http://www.qfever.org)*