Q FEVER EMPLOYEE QUESTIONNAIRE

PERSONAL DETAILS						
Family Name		Given	Names			
Date of Birth / /				Sex		
Home phone			Mobile:			
Organisation			Employee ID			
PREVIOUS DIAGNOSI	S.M.					
Have you ever been dia					□Yes	□No
If YES When	Doctor's name					
Doctor's address						
	Q Fever Release of Information A	Authority to	allow us to	check your me	dical records	
SCREENING AND VAC	SANNERS NE		·			
	ted in a Q Fever screening	n and un	ocination	program?	□ Yes	□No
The second of the second secon		y ariu va	o A A	programi	H LES	Artinist (Average in the
The state of the s	Where		rin yiş ilkiri s	Argiera (A.C.)	Las inginas)	Arthur Arena de Arthur Arena (
Have you ever been vac	Charles	s ny alamak	1978116666		□ Yes	□No
If YES When	Where					
If YES to either question, ple	ase complete the Q Fever Releas	se of inten	mation Author	onty to allow us	to check you	ir medical records
QUESTIONNAIRE		··· ··································				
Have you ever lived on a sheep, cattle goat or dairy property?					□ Yes	□No
If YES Length of tim	e					
Have you ever regularly visited a sheep, goat, beef or dairy cattle property?					□ Yes	□ No
Do you or have you worked in the meat processing industry?					□ Yes	□No
If YES, for how long?						
Tick the activities you have	been involved in or do now	perform	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
☐ Feedlot work ☐ Shearing ☐ Collecting sheep / cattle man						or the garden
□ Stock / Farm work	☐ Milking cows or goats	oats O Private slaughter of sheep, cattle or goats				
☐ Tannery work	☐ Livestock trading	i		ingaroo caro		
☐ Animal transport		110	ther activi	ties associa	ted with liv	estock 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?					☐ Yes	□ No
If YES, when Were you absent from work?					□ Yes	□No
Do you have any allergies, particularly to eggs?					□ Yes	□ No
Have you ever had reactions to any other vaccinations?				☐ Yes	□ No	
Do you have cancer of the bone marrow, blood or lymph nodes?					□Yes	□ No
Are you currently on any medication (answer below)					1	
Cortisone or other corticosteroid?					☐ Yes	□ No
Any form of cancer medication or radiation therapy?					□ Yes	□ No
Other medications?					□ Yes	□ No
Females: Are you pregnant or is there any risk of pregnancy?					□ Yes	□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. Please visit www.gfever.org for further information.