

**OHS427****Immunisation Questionnaire and Authorisation Form****UNSW**  
THE UNIVERSITY OF NEW SOUTH WALES**Personal Details**

Title:	Family Name:	First Name:	Staff/student no.:
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
Other:			
Email:	Phone (w):	Phone (h):	
Faculty/Division:		School/Unit:	
Position:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Supervisor:	Phone:	Email:	

**Screening questions***Circle*

1. Will your work involve handling or exposure to human blood or tissues (other than formalin-fixed tissues)?	<b>No / Yes</b>
2. Will your work involve giving first aid?	<b>No / Yes</b>
3. Will your work involve patient care?	<b>No / Yes</b>
<b>If you answered yes to Q1, 2 or 3, immunisation against hepatitis B is recommended</b>	
4. Will your work involve handling or exposure to fresh human gut tissues or faecal samples?	<b>No / Yes</b>
5. Will your work involve travel to developing countries?	<b>No / Yes</b>
<b>If yes to Q3, 4, or 5, immunisation against hepatitis A is recommended</b>	
6. Will your work involve handling blood or tissues of cattle, sheep, goats, pigs, or native animals (not including laboratory-bred rodents)?	<b>No / Yes</b>
7. Will your work involve visiting facilities in which cattle, sheep, goats, pigs, or native animals are housed (not including laboratory-bred rodents)?	<b>No / Yes</b>
8. Will your work involve handling blood or tissues of humans infected with Q fever?	<b>No / Yes</b>
<b>If yes to Q6, 7, or 8, immunisation against Q fever is recommended</b>	

**Declaration**

1. I understand that due to my occupational exposure to the above infectious agent(s), I may be at risk of acquiring the above disease(s).
2. I have not been immunized against the infectious agent(s).
Your signature: _____ Date:    /    /

**Authorisation for immunization by School/Centre/Unit**

Name: _____	Signature: _____	Date:    /    /
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