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Personal Details and Consent Form for Registration

The Australian Q Fever Register is owned by the Australian Meat Processor Corporation (AMPC) and delivered by Ausvet Pty Ltd. Its purpose is to assist organisations to determine the Q Fever immune status of an individual, to prevent unnecessary testing, and to minimise the risk of exposing susceptible individuals in the workplace.

To add your information on the Register, you must complete all information and sign this consent form.

YOUR DETAILS

PLEASE PRINT CLEARLY IN ENGLISH

Gender Identity	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Date of Birth day - month - year	-	-
Legal Name	Given Name		Middle Names		Family Name	
Address						
Suburb/Town			State		Postcode	
Email address (Mandatory)						
Mobile				Landline	(0)	

SECURITY QUESTION

TYPE OF JOB

<p>If you contact the Register, you will be asked this question to confirm your identity. Tick one of these four questions that nobody else is likely to know the answer to:</p> <p><input type="checkbox"/> Mother's maiden name (her name before she was married)?</p> <p><input type="checkbox"/> Town where you were born?</p> <p><input type="checkbox"/> Town where your spouse was born?</p> <p><input type="checkbox"/> Your first pet's name?</p> <p>ANSWER</p> <p>Write the answer to the question you have ticked here.</p>	<p>Tick only one box that best describes your (intended) job:</p> <p><input type="checkbox"/> Work in a meat processing plant</p> <p><input type="checkbox"/> Contractor or visitor to a meat processing plant</p> <p><input type="checkbox"/> Work with livestock or wildlife</p> <p><input type="checkbox"/> Other, please describe:</p> <p>Name of Employer or Industry Group</p>
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PREVIOUS SCREENING / VACCINATION I believe I have previously been tested &/or vaccinated for Q fever:

<input type="checkbox"/> No.	<input type="checkbox"/> Yes, please complete additional information.
Screening location or name of Medical Practice	
Approximate Date Month/Year	

I have read and I understand the information about Registration on the back of this form and I hereby consent to the inclusion of my personal details and information relating to my Q-Fever immune status in the Australian Q Fever Register.

Signed _____

Date - -

A Q-FEVER NUMBER CAN NOT BE ISSUED UNLESS THIS FORM IS FULLY COMPLETED AND SIGNED

The completed form should be submitted to the Australian Q Fever Register together with your Q Fever Prescreening and Vaccination form and (optionally) a copy of your Q Fever serology report. These may be scanned and emailed to register@qfever.org, faxed to (02) 6228 6299 or mailed to our street address.

Please do not return the **Terms and Conditions** to the Australian Q Fever Register – these pages are intended to be read before signing.

Australian Q Fever Register
Level 1, 34 Thynne Street
Block E, Trevor Pearcey House
Bruce ACT 2617



I understand that

- 1) The information that may be held by the Register includes: name, date of birth, postal address, email address, type of job, date of any Q Fever vaccination administered, date and results of any Q Fever tests performed, date of laboratory confirmation of any diagnosis of Q Fever disease.
- 2) I will be issued with an electronic Q Fever report which includes my name, date of birth, Q Fever Register Number, Q Fever testing dates and results, and Q Fever immune status and/or vaccination details. I will also have an opportunity to correct any errors.
- 3) Employers (meat processors) will be able to access my personal information held by the Register for the purpose of confirming my immune status.
 - Employers can only access my information if they know my name, date of birth and Register Number.
 - Employers can only find my Register Number if:
 - i) I tell them, or
 - ii) They electronically submit the information in this consent form to the Register using the Internet.
- 4) If I have been previously tested or vaccinated, my employer or doctor may contact the site at which the screening/vaccination took place and request copies of my relevant medical records.
- 5) The information on this form, and my Q Fever screening test results and Q Fever vaccination details, will be either submitted to the Register by my current employer or medical clinic (after which the completed forms will be lodged with the Register) or sent by me directly to the Register. Information may be submitted, and my details accessed, over the Internet. Secure connections and passwords ensure that only authorised persons are able to submit information to or access information from the Register. Copies of all personal documentation sent to the Register will be kept securely.
- 6) If I wish to know what details are recorded in the Register, my Register Number, to request another Q Fever report, or correct errors in the Register, I may call the Q Fever Register Help-Line. I must identify myself using my name, date of birth, and answer the Security Question selected on this form.
- 7) I may request for my details to be permanently removed from the Register at any time by ringing the Register Help-Line.
- 8) Summary information including the total number of people in the Register that have been tested, vaccinated or diagnosed may be released publicly for the purpose of monitoring the disease, but such information will not contain the names or details of individual persons.
- 9) De-identified information in the Register may be used for the purpose of research into Q fever, subject to clearance by an Ethics Committee.
- 10) My personal information will not be released or sold for any commercial or marketing purpose. No information will be released to any government authorities except in the following circumstances:
 - where a government authority acts as a registered screening and vaccination service provider, or
 - where there are reasonable grounds to believe that disclosure is necessary to prevent a threat to life or health.

**Information for Employers & Medical
Practitioners**

Please give a copy of this form to all employees/patients involved in Q Fever screening and vaccination programs, along with a copy of the *Fact Sheet - Q Fever and the Australian Q Fever Register*, and invite them to participate in the Register.

Note that a signed consent form is required for submission of information to the Register, along with evidence of testing and vaccination status.

Detailed instructions for how to submit completed paperwork to the Register can be found on the Register website or by calling the Register Help-Line.

More information is available on the web site or by contacting the Register Help-Line.

Australian Q Fever Register

Help-Line	1300 QFEVER (1300 733 837)
Office	(02) 6228 6210
Fax	(02) 6228 6299
Mail	Australian Q Fever Register Level 1, 34 Thynne Street Block E, Trevor Pearcey House Bruce ACT 2617
Email	register@qfever.org
Website	www.qfever.org