

2021 Immunisation Programme consent form & TB Questionnaire for Risk Assessment of Health Care Students

(The ones marked with an * are mandatory to answer. All other questions please answer to the best of your knowledge)

Family name * First names* Student ID*

Preferred name* Date of birth* UPI*

NHI* (Obtainable from your GP/Pharmacist)

Unit or Flat Number* Street Number* Street Name *

Suburb/Town* City * Post Code*

Mobile No: * Preferred Email Address: *

Gender: *

Are you an International Student? Yes No Are you a NZ Citizen or Permanent Resident? Yes No

All Students: Country of Birth How long have you been in NZ?

Ethnicity: Which ethnic group do you identify with? Please tick up to three boxes only

- | | | |
|---|---|--|
| <input type="checkbox"/> 11. NZ European/Pakeha | <input type="checkbox"/> 34. Niuean | <input type="checkbox"/> 43. Indian |
| <input type="checkbox"/> 12. Other European | <input type="checkbox"/> 35. Tokelauan | <input type="checkbox"/> 44. Other Asian |
| <input type="checkbox"/> 21. NZ Maori | <input type="checkbox"/> 36. Fijian | <input type="checkbox"/> 51. Middle Eastern |
| <input type="checkbox"/> 32. Cook Island Maori | <input type="checkbox"/> 37. Other Pacific Island | <input type="checkbox"/> 52. Latin American / Hispanic |
| <input type="checkbox"/> 31. Samoan | <input type="checkbox"/> 41. South East Asian | <input type="checkbox"/> 53. African |
| <input type="checkbox"/> 33. Tongan | <input type="checkbox"/> 42. Chinese | <input type="checkbox"/> 54. Other |
| | | <input type="checkbox"/> 99. Not Stated |

Studying: Medicine / Nursing / Master of Nursing Science/ Pharmacy / Optometry / MAUD/ Dip Hlth Psych / Med Imaging / Dietetics (unfunded) Speech Language / Clinical Psychology / Other specify
(Please highlight your course)

1- Please list the countries other than NZ that you have lived in for more than 3 months:		
2- Do you have or have had any major medical illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details e.g. such as diabetes, HIV, kidney disease, cancer or been on immunosuppressive treatment</i>		
3- Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details in particular any steroids, immunosuppressant medication, antidepressants, antihistamines)</i>		
4- Allergies (particularly antibiotics/eggs): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details</i>		
5- Females – are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6- Have you had any vaccinations/transfusions in the past 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7- Highlight the vaccinations you know you have had (Please provide copy Childhood vaccine records)	Measles Mumps Rubella	Diphtheria/Tetanus/Pertussis Hepatitis B Varicella/chickenpox- vaccination or illness
8- Do you have any vaccination scars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had a BCG (TB vaccine)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

9- Have you ever been treated for tuberculosis? Yes No

10- Have you ever been exposed to anyone in your family or at work with TB? Unsure Yes No
If yes, when

11- Have you ever had a Mantoux test, heaf test or blood test for TB infection? Unsure Yes No
If yes, what was the result?
(in mm for Mantoux; positive, negative or indeterminate for IGRA)

12- Have you ever been told that you should not have any more Mantoux tests because you have had a positive Mantoux reading? Unsure Yes No

13- Have you had a chest x-ray in the last 2 years? Unsure Yes No
If yes, what was the result? Normal Abnormal
Please provide details if available
(place and date x-ray taken, x-ray report and/or x-ray)

14- Do you have a cough which has lasted more than 3 weeks? Yes No
Does your cough produce a lot of sputum (phlegm) or blood? Yes No

15- Do you wake at night with heavy sweating (enough to change your bed clothes)? Yes No

16- Have you lost any weight over the last 6 months (and not regained it) without meaning to? Yes No
If yes, how much?(kg)

17- Have you got any lumps currently in your neck, armpit or groin which have not been assessed by a doctor?
..... Yes No

All students are required to consider whether they may be at risk of acquiring HIV infection (eg through heterosexual intercourse with a person from a high prevalence country such as any African country and many SE Asian countries, or through male homosexual intercourse, or through injecting drug use). If you may be at risk you have a responsibility to be tested, as frequently as necessary for HIV infection.
If found to have HIV infection, you must seek confidential advice about precautions to reduce the risk of transmission in the health care setting from Associate Professor Mark Thomas by emailing him on mg.thomas@auckland.ac.nz .

I declare that I will follow this process as necessary -* (signature required)

Declaration

I*,(full name) ID No*declare that to the best of my knowledge the answers in this questionnaire are correct. I understand that if I have given any false or deliberately misleading information, or I have deliberately omitted any relevant facts, this may lead to serious consequences. I may be subject to disciplinary action which may affect my ability to continue my course of study at this institution.

Consent

- I consent to any appropriate blood tests, immunisations, and the information from these medical records to be used anonymously for audit/research purposes.
- I consent to the release of serology results in strictest confidence to restricted University of Auckland Faculty staff, as evidence of complying with the FMHS Policy on Transmissible and Blood-Borne Infections
- I have been directed to Auckland Regional Public Health Service (ARPHS) website containing information about Tuberculosis (TB) and the Quantiferon TB Gold Test.
- <https://www.health.govt.nz/system/files/documents/publications/guidelines-tuberculosis-control-new-zealand-2019-august2019-final.pdf>
- I have been given the opportunity to ask questions about the immunisation programme and the Quantiferon TB Gold Test. Any questions asked have been answered to my satisfaction.
- I understand that if I am found to have Latent TB Infection my details may be forwarded to the ARPHS Officer and I will be informed that this is to take place.

Signature: * **Date:** *