



**Worker/Student Details**

Surname:		Given Name:	
Phone No.:		Date of Birth:	
Email address		Date of Referral	

**Employment/Study Details**

Faculty/School/Organisational Unit:	
Campus:	
Occupation/Program of Study:	

**Work tasks and vaccination or screening required**

--

**Supervisor Details**

Supervisor's Name:		Phone No.:	
Email address:			

**OHS Manager Details**

OHS Manager's Name:		Phone No.:	
Email address:			

**Authorisation for Payment**

Payment must be made at time of vaccination if attending UQ Healthcare (St Lucia). UQ Healthcare will only accept payment by faculty, school or research group credit card. Please bring the finance officer's/card holder's contact details with you to enable payment via credit card over the phone **at the time of consultation**. Alternatively, payment can be made upfront and then reimbursed (contact your local Finance team). Expenses for blood tests or other screening tests will be charged back to the Organisational Unit.

Authorisation granted by (please sign including your title. E.g. Supervisor or OHS Manager)	
Finance Officer/Card Holder name and contact details:	

**Ensure to take the completed form with you to your appointment at UQ Healthcare. If you require any other advice regarding vaccination or blood test arrangements, you can also contact the Occupational Health Nurse Advisor.**

Occupational Health Nurse Adviser  
Health, Safety and Wellness Division

Email: [immunisation@uq.edu.au](mailto:immunisation@uq.edu.au)