

Privacy Notice:

Personal and health information collected by the Department of Health or by a Hospital and Health Service (Queensland Health) is collected and handled in accordance with the *Information Privacy Act 2009* (Qld). The personal and health information provided by you will be securely stored and only accessible by authorised employees of Queensland Health (or its agents). Personal and health information disclosed on this form may be used for the purposes of ensuring compliance with the Health Employment Directive 12/21, workforce rostering and planning

This information will not be disclosed to other third parties without consent unless the disclosure is authorised or required by or under law.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at <http://www.health.qld.gov.au/global/privacy>.

For your rights as a Queensland Health employee, please consult the Office of the Information Commissioner's guidelines at: <https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/collection/covid-19-vaccination-and-my-privacy-rights-as-a-queensland-health-employee>

The following vaccination information is requested or as required to support Queensland Health's obligations to provide a safe workplace under section 19 of the *Work Health and Safety Act 2011*, *Health Employment Directive 12/21*, *HR policy B70 Employee COVID-19 vaccination* requirements and other instruments including Public Health Directions issued in accordance with the *Public Health Act 2005*, as well as an overall response in controlling the COVID-19 pandemic.

Employee details

Person ID		Personnel assignment number (if applicable)	Please indicate (tick) here if you work in more than one (1) position in Queensland Health. <input type="checkbox"/>
Family name		First name/s	
<input type="text"/>		<input type="text"/>	
Position number		Position title	
<input type="text"/>		<input type="text"/>	
Organisational unit number		Organisation unit name	
<input type="text"/>		<input type="text"/>	
Area code	Contact telephone number	Location	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

A Line Manager/support role can upload details "on behalf of" employees who do not have access to myHR.

Vaccination type	Vaccination brand <small>*Enter if Other recognised COVID-19 vaccination or Other - COVID 19 Booster selected</small>	Evidence of vaccination	Dose <small>Not required for booster</small>	Date <small>Enter date(s) for vaccination dose received</small>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> One	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Two	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Three	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Four	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Five	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Six	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Seven	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Eight	<input type="text"/>

Employee certification and signature

☐ I certify that I have received a vaccination as detailed above and evidence has been provided to my manager/supervisor/delegate

☐ I consent to my employer storing my COVID-19 vaccination information, listed above, on my employment record in myHR.

Employee's signature

Date

<input type="text"/>	<input type="text"/>
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Supervisor/delegate certification and signature

☐ I certify that I have sighted the evidence required to support the vaccination information detailed above.

☐ If entering this information on behalf of the employee, the employee consents to the use and storage of their COVID-19 vaccination information on their employment record in *myHR* as outlined in the privacy notice.

Supervisor/delegate's full name (please print)

Supervisor/delegate's position title

Supervisor/delegate's signature

Date

Area code

Contact telephone number