



WORKSHEET (form)

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Personal Details Record Form

Name: _____ Job Title: _____

Section: _____ Laboratory: _____

Date this personnel file page was commenced: _____

Professional qualifications	
Home address	
Mobile number	
Date of birth	
Emergency contact details (name, relationship & number)	
Are there medical conditions that are to be noted? (circle)	No Yes- please specify:
Immunisation record	Latest date updated:
Hepatitis B (circle)	Unvaccinated Incomplete Vaccinated HbsAg+(carrier)
COVID-19 (circle)	Unvaccinated Single shot Double shot Boosted
Influenza – annual (circle)	2022 2023 2024 2025 2026 2027 2028
Tetanus (circle)	Unvaccinated Vaccinated - specify date of last vaccination:
Immunisation comments	
Orientation	
Orientation	Date checklist completed:
Code of ethics	Date completed:
Other notes	

Work assignments

Position	Location / section	Date commenced

Periods of absence from work (pregnancy or other leave > 4 weeks)

Reason	Date commenced	Date returned