

Check Appropriate Boxes and enclose documentation from healthcare provider. Verbal history or written date only are not acceptable forms of documentation.

1. **MEASLES (RUBEOLA), MUMPS, RUBELLA:**

Documentation of immunity to measles (rubeola), mumps and rubella defined as one of the following:

- Documentation from my healthcare provider that shows I have had all of these diseases
- Documentation of Two doses of live virus vaccines for MMR
- Documentation of positive serology indicating immunity (antibody test)

2. **VARICELLA (CHICKEN POX):**

Immunity to Varicella (chicken pox) is defined as one of the following:

- Documentation from my healthcare provider that shows I have had this disease
- Documentation of Two doses of live virus vaccines for Varicella
- Documentation of positive serology indicating immunity (antibody test)

3. **HEPATITIS B IMMUNITY:**

Documentation of immunity to Hepatitis B as defined by one of the following:

- Documentation of completed series (3 shots)
- Documentation of positive serology indicating immunity (antibody test).
- I would like to receive the Hepatitis B Vaccine
- I do not wish to receive the Hepatitis B Vaccine at this time

4. **INFLUENZA:**

- Documentation of influenza vaccination for current influenza season

5. **PERTUSSIS (TDAP)**

- Documentation of One dose of Tdap (Tetanus-Diphtheria-Pertussis)

6. **TUBERCULIN SKIN TEST (TST)/MANTOUX/PPD (TB):**

Documentation for Tuberculosis Status is defined by one of the following:

MUST BE A 2 STEP PROCESS WITHIN 12 MONTHS

- Documentation of my 2 recent Mantoux skin tests or QuantiFERON TB-Gold test
**negative TST or Quantification Gold from last 12 months
- Documentation of positive Mantoux, documentation of most recent CXR and completed the below symptom questions
** CXR documentation within the past 5 years is acceptable

Positive TST Symptom Questions:

Do you have any of the following symptoms?

- Unexplained weight loss
- Unexplained loss of appetite for more than 2 months
- Unexplained fatigue that interferes with daily activities
- Persistent or explained fevers, especially at night
- Sweating that leaves the bedclothes moist
- Persistent cough
- Coughing up blood
- Exposure to Mycobacterium Tuberculosis in the last 2 years
- Abnormal chest x-rays
- I have NOT had any of the above symptoms within the past 12 months

if you develop any of these symptoms, report immediately to Employee Health Services

I certify that the information I have provided on this form is true and complete to the best of my knowledge.

All signatures and dates must be clearly legible or signed with a unique electronic identifier.

Name _____

Signature _____ Date _____

RN Reviewer Signature (optional) _____ Date _____