Bozeman Deaconess Hospital Employee Health
Immunization History
Tel: 406.556.5566 Fax: 406.556.5561

Name:		Birth Date:	Social Security#
Dept:	❑ New Employee	❑ Volunteer	❑ Student
Emergency Contact:		Emergency Contact Phone Number:	

Please complete the immunization history to the best of your knowledge. If you know that you have had the vaccine, but do not remember when, mark yes and indicate the approximate date. If you have not received the Hepatitis B series please contact Employee Health. Due to the fact that you work in an area where you could be exposed to potentially infectious materials, it is your right to receive the Hepatitis B series at no cost to you. Attach any immunization and or TB records to this record.

Vaccine	History	Date of Immunization
Hepatitis B	❑ I have not received the Hepatitis B vaccination series See consent and declination below ❑ I have received the Hepatits B vaccination series ❑ I have proof of vaccination or positive titer (please submit) Titer Results_____	#1 _____ #2 _____ #3 _____
Varicella Or Chicken Pox	❑ I have not had Varicella (Chicken Pox) ❑ I do not know if I have had Varicella (Chicken Pox) ❑ I have had Varicella (Chicken Pox) ❑ I have proof of Vaccination or positive titer (please submit)	Year _____ Date _____
Hepatitis A	❑ I have not received the Hepatitis A vaccination series ❑ I have received the Hepatitis A vaccination series	#1 _____ #2 _____
MMR	❑ I have not received the MMR vaccination series ❑ I have received the MMR vaccination series	Year _____ Year _____
Tetanus Diphtheria Pertussis		Date _____ Date _____
Other	❑ _____ ❑ _____	Date _____ Date _____

Hepatitis B Consent/Declination

❑ **I Decline:** My signature below acknowledges that I have been given the opportunity to be vaccinated for hepatitis B, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future if I want to be vaccinated with hepatitis B vaccine and I am still employed with BDH, I can receive the vaccination series at no charge to me.

❑ **I Consent:** As a healthcare professional having exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my Bozeman Deaconess Hospital). I understand that I must have 3 doses of vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine. I accept the offer at this time.

_____ _____
Employee Signature **Date**