

IMMUNIZATION HEALTH HISTORY FORM

This form must be completed for all individuals who will be accessing patient areas.

☐ Harborview Medical Center ☐ University of Washington Medical Center

Please complete all highlighted areas and complete the table below

Name _____
Last First MI

Address _____
Street City State Zip

Phone: _____ Date of Birth ____/____/____
Home Work Ext. or Page #

Are you exposed to blood or body fluids on the job? (circle one) **YES NO**

Department Name: _____ Box Number _____

Job Title: _____ Date of Employment ____/____/____

Please list any Chronic Disease or Illness _____ Allergies _____

Comments:

IMMUNIZATION HISTORY - PLEASE PROVIDE DATES							
See reverse side for Immunization Requirements							
DISEASE	HAVE YOU EVER HAD THE DISEASE? Y/N	1st dose	2nd dose	3rd dose	LAST BOOSTER	ANTIBODY	OFFICE USE ONLY
HEPATITIS B						DATE: RESULT:	
MEASLES RUBEOLA OR 10 DAY						DATE: RESULT:	
RUBELLA GERMAN MEASLES OR 3 DAY						DATE: RESULT:	
MUMPS						DATE: RESULT:	
POLIO							
TETANUS DIPHTHERIA							
VARICELLA (CHICKENPOX)						DATE: RESULT:	

TUBERCULOSIS SCREENING					
TB SCREENING*	EVER HAVE BCG? YES NO	LAST PPD DATE: RESULT:	CHEST X RAY ONLY IF PPD REACTIVE	DATE: RESULT:	NEXT SCREEN DUE

Employee Signature _____ date _____ Reviewed by _____ date _____

***Please note, if you have not had a TB screen within the past year, you must have one before observation activity!!**

TODAY'S SCREEN	NEW EMPL SCREEN PPD DATE	CHEST X-RAY DATE	TWO STEP NEEDED (CIRCLE IF APPLIES)
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Should you be unable to schedule a TB test or any other immunization before the deadline for submission of documents, please submit this completed form with the rest of your documents and attach a notice of the scheduled appointment.

DEFINITIONS AND CRITERIA FOR CURRENT IMMUNE STATUS

MEASLES* One of the following must apply

- Positive history of illness diagnosed and documented by a physician **or**
- Positive serology (blood test for antibody) **or**
- Two doses measles containing vaccine, both after 1968 and after age 15 months

MUMPS* One of the following must apply

- Positive history of illness diagnosed and documented by a physician **or**
- Positive serology (blood test for antibody) **or**
- Two doses of Mumps containing vaccine given after 1968 and after age 15 months

RUBELLA* One of the following must apply

- Positive history of illness diagnosed and documented by a physician **or**
- Positive serology (blood test for antibody) **or**
- One dose rubella containing vaccine given after 1968 and after age 15 months

HEPATITIS A Vaccine offered for persons at risk for occupational infection and/or who may expose clientele.

- Positive serology (blood test for antibody) **or**
- One dose of Hepatitis A vaccine

HEPATITIS B *# Vaccine offered for persons at risk for occupational infection.

- Positive serology (blood test for antibody) **or**
- Completion of series of three doses of vaccine, administered at 0, 1, and 6 months, or other approved schedule

POLIO

- Completion of primary series of three doses of either IPV (shots) or OPV (by mouth)

DIPHTHERIA

- Completion of the primary series and booster doses every 10 years

TETANUS

- Completion of the primary series and booster doses every 10 years

TUBERCULOSIS SCREENING#

- Tuberculosis screening is required on entry into the University of Washington system. Personnel with prior positive TB skin tests (PPD) must provide written documentation of the skin test reaction size and the results of a subsequent chest x-ray. Personnel with non-reactive TB skin tests shall be retested periodically based on the risk of occupational exposure to tuberculosis. Annual testing is required for low risk occupations, and every 6-month testing is required for persons working with TB patients. Post exposure evaluation is also required for personnel who have had an unprotected exposure to active, infectious tuberculosis cases.

VARICELLA* Vaccine offered for persons at risk for occupational infection and who may expose susceptible clientele.

- History of chickenpox **or**
- Positive serology (blood test for antibody) **or**
- Two doses of Varicella vaccine for antibody negative persons

*Waiver for immunization may be signed.

#Regulatory requirement for screening: offer of immunization, or have waiver of immunization signed.