

Vaccine History Form for OUHSC/OU-Tulsa Employees and Students

Name _____ Dept _____ SSN ____/____/____ Date _____
 Job Title _____ Date of Birth _____
 Department Address _____ Dept. Phone _____

Do your job duties ever require work in patient contact areas? Yes No ____ Initial
If you answered Yes, please provide the records requested in 1, 2, 3, 4, 5, and 7 (for non-hospital dental personnel and non-pediatric dental personnel, 1 only) below.

Do your duties have the potential for exposure to human blood, blood products, or other body fluids? Yes No ____ Initial
If you answered Yes, please provide the records requested in 6 below.

Do your job duties ever require work in hospital areas, or are you a student? Yes No ____ Initial
If you answered 'No' to all three of the above questions, complete all information requested above and send the form to Employee Health.

1. Tuberculin PPD Mantoux Skin Test (Tine or Monovac test not acceptable) complete item a or b
 a. Attach evidence of a negative tuberculin PPD (Mantoux) test received in the last 12 months. Test Date _____
 or
 b. Date of first positive tuberculin PPD (Mantoux) test Test Date _____
 i. Attach evidence of a follow-up negative chest x-ray X-Ray Date _____
 ii. Did you receive isoniazid-based therapy? Yes No

2. Varicella (Chicken Pox) complete a, b, or c
 a. **FOR EMPLOYEES ONLY:** Have you had chickenpox? Yes No Uncertain
 Signature _____ Date _____
 If No or Uncertain, a blood test to check for immunity is required. If you are not immune, item c is required.
 or
 b. Attach evidence of varicella blood test. Test Date _____
 or
 c. Attach evidence of two varicella immunizations 1) _____ 2) _____

3. Rubeola (Measles) complete a, b, or c
 a. Attach evidence of 2 rubeola immunizations 28 days apart after the age of 12 months 1) _____ 2) _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. Check here if born before January 1, 1957, and provide date of birth _____

4. Rubella (German Measles) complete a, b, or c
 a. Attach evidence of 1 rubella immunization received after the age of 12 months Vaccine Date _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. Check here if born before January 1, 1957, and provide date of birth _____

5. Mumps complete a, b, or c
 a. Attach evidence of 1 mumps immunization received after the age of 12 months Vaccine Date _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. Check here if born before January 1, 1957, and provide date of birth _____

6. Hepatitis B immunizations complete a, b, c or d
 a. Attach evidence of 1, 2, and 3 hepatitis B immunizations and dates 1) _____ 2) _____ 3) _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. **Vaccine Refusal** - I understand that due to my occupational or student exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV infection). I have been given the opportunity to be vaccinated with hepatitis B vaccine (at no charge to me if I am an OUHSC/OU-Tulsa employee). However, I decline the hepatitis B vaccine at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (at no charge to me if I am an OUHSC/OU-Tulsa employee).
 Printed Name _____ Signature _____ Date _____

7. Tetanus and Diphtheria
 a. Did you receive childhood Diphtheria-Pertussis-Tetanus (DPT) immunization? Yes No Uncertain
 b. Have you received adult Tetanus-diphtheria (Td) immunizations Yes No Uncertain
 c. Approximate date of last tetanus booster _____