

University of Oklahoma Health Sciences Center
Vaccine History Form for Employees and Students

Name _____ SSN _____
Job Title _____ Date of Birth _____
Department Address _____ Dept. Phone _____
Do your duties require patient contact? Yes No If so, how many hours per week? _____
Do your duties have the potential for exposure to blood, blood products, or other body fluids? Yes No

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

3. Rubeola (Measles) complete a or b
a. Attach evidence of 2 rubeola immunizations 4 weeks apart after the age of 12 months 1) _____ 2) _____
or
b. Attach evidence of a positive blood test for IGG antibodies Test Date _____

4. Rubella (German Measles) complete a or b
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 _____

5. Mumps complete a or b
a. Attach evidence of one mumps immunization received after the age of twelve months Vaccine Date _____
or
b. Attach evidence of a positive blood test for IGG antibodies Test Date _____

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. I will complete the hepatitis B immunization series through designated methods specified by the institution.
or
d. **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 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 employee).
Printed Name _____ Signature _____ Date _____

7. Tetanus and Diphtheria complete a or b
a. Attach evidence of 3 childhood Diphtheria-Pertussis-Tetanus (DPT) 1) _____ 2) _____ 3) _____
Attach evidence of 1 adult Tetanus-diphtheria (Td) immunization 1) _____ 2) _____
or
b. Attach evidence of 2 adult Tetanus-diphtheria (Td) immunizations received no less than 4 weeks apart, with at least 1 of these received in the last 10 years 1) _____ 2) _____