

The staff of the Occupational Health Clinic wants to welcome you to Vanderbilt. Our clinic is dedicated to protecting you and our patients from infectious diseases. To meet the requirements set forth by Medical Center Policies and OSHA, you will need documentation for the following immunizations and tests before beginning work at Vanderbilt. Documentation will be checked at the time of your orientation. **The following worksheet should be completed.**

**DOCUMENTATION OF ALL IMMUNIZATIONS AND TESTS MUST BE ATTACHED.**

Name: \_\_\_\_\_ S.S#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

DISEASES	IMMUNIZATION DATES				TITERS	
					Date	Result
Hepatitis B	(1)	(2)	(3)	(Booster)		<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Varicella (chickenpox)	(1)	(2)				<input type="checkbox"/> (+) <input type="checkbox"/> (-)
MMR	(1)	(2)				<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Measles (rubeola)	(1)	(2)				<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Mumps	(1)					<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Rubella	(1)					<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Diphtheria/Tetanus						
OTHER VACCINES	BCG					

**Tuberculosis:** Two TB skin tests within 12 months prior to your start date at Vanderbilt, and one of which is within 3 months of the start date:

Date #1: \_\_\_/\_\_\_/\_\_\_ Result  (+)  (-)

Date #2: \_\_\_/\_\_\_/\_\_\_ Result  (+)  (-)

*or if applicable*

Date of first positive TB skin test: \_\_\_/\_\_\_/\_\_\_  Hx INH

Chest x-ray within the past 6 months: Date \_\_\_/\_\_\_/\_\_\_ Result  nl  abnl

=====Do not write below this line. For OHC use only=====

**Labs and tests ordered:**

Hepatitis B:  BsAb titer Vaccine:  #1,  #2,  #3  declined

Varicella:  Ab titer Vaccine:  #1  #2

MMR:  Rubella titer Vaccine:  MMR  declined  temp. exempt

Td Vaccine:  booster  declined

PPD:  #1 of 2  #2 of 2  chest x-ray

**Providers-**

**signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_