

MEDICAL STUDENT HEALTH FORM

PLEASE ATTACH COPIES OF TITER LABORATORY RESULTS.

IMMUNIZATIONS	REQUIREMENTS	DATE RECEIVED	RESULTS
VARICELLA (CHICKENPOX) (Mandatory for healthcare workers with face-to-face patient contact)	History of disease as a child OR series of 2 vaccines OR positive titer.	Hx: Date of Shots: 1. 2.	Attach lab results with quantitative titer:
MEASLES/ MUMPS/ RUBELLA (MMR) (Mandatory for healthcare workers with face-to-face patient contact)	Two documented MMR vaccines OR positive titer.	Date of Shots: 1. 2.	Attach lab results with quantitative titer for Rubeola, Mumps, and Rubella. (Must have all three.)
HEPATITIS B (Mandatory for healthcare workers who have the potential of exposure to blood or body fluids)	Series or history of three documented vaccines AND positive titer.	Date of Shots: 1. 2. 3.	Attach lab results with quantitative titer.
PPD or TB SCREEN	Two documented previous PPDs within 1 year. If a converter need negative chest x-ray within 1 year.	Date given: 1. 2.	Attach PPD documentation with the date read and results.
TETANUS/DIPHTHERIA (All healthcare workers)	Documentation within 10 years.	Date:	Attach documentation.

Notes: _____

LATEX ALLERGY: YES NO

Patient's Name:	Rank:	Sex:
SSN/Identification Number:	Work location:	Date of Birth:

Privacy Act Statement: The authority to request this information is contained in 5 USC 301, Department Regulations. The principal purpose of the information is data collection.