

RESERVIST IMMUNIZATION REQUIREMENT FORM

PLEASE ATTACH COPIES OF TITER LABORATORY RESULTS

IMMUNIZATIONS	REQUIREMENTS	DATE RECEIVED	RESULTS
VARICELLA (CHICKENPOX)	History of disease as a child Or 2 dose vaccine series Or positive titer	Hx: Date of Shots: 1. 2. Titer:	
MEASLES/ MUMPS/ RUBELLA (MMR)	Two documented MMR vaccines Or positive titer.	Date of Shots: 1. 2. Titer:	
HEPATITIS B	Series or history of three documented vaccines AND positive titer.	Date of Shots: 1. 2. 3. Quantitative Titer:	
PPD or TB SCREEN	Required documentation, if converter, completed annual PPD converter form.	Date given:	Date read & results:
TETANUS/DIPHThERIA	Documentation within 10 years	Date:	

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.

Three Categories of Healthcare Employees

1. No Program Status—never has patient contact

- a. Example: Central Appointments, Third Party, IRMD, coders, etc.
- b. PPD-Provide copy of PPD (within 1 year); must have date of PPD and date of results within 48-72 hours. Thereafter on an annual basis prior to expiration, provide PPD results to Occupational Health.
- c. If positive (or a converter), initially need negative chest x-ray and clearance to work from MD or healthcare worker to start work. Thereafter on an annual basis prior to expiration, provide PPD questionnaire after it has been reviewed and signed by Occupational Health.

2. Healthcare Workers—face-to-face patient contact

- a. Example: Pharmacists, Pharmacy techs, ER and OPR clerks, case managers, etc.
- b. PPD (see above)
- c. MMR—Two documented vaccines one month apart for individuals born in or after 1957, (before 1957 need only one documented immunization). If no MMR documentation, **need positive titer with a number value.** Titer preferred for women of childbearing age. Employee can start work with 1 shot.
- c. Varicella—history of disease (as a child) stated by worker, or 2 documented Varicella shots, or positive titer.
- d. Tetanus—documentation within 10 years

3. Healthcare Workers and Blood, Body Fluids—anyone who has the potential of exposure to blood or body fluids.

- a. Example: Physicians, MA's, lab tech, OR tech, etc.
- b. PPD (see above)
- c. MMR (see above)
- d. Varicella (see above)
- e. Tetanus (see above)
- f. HEP B—series of 3 shots **AND** titer. **The titer must show a number.** If titer is positive (showing immunity), there is no need for additional shots. If titer is low or negative, need shot and re-titer until positive (up to a total of six shots). Cannot start work without positive titer or documented non-responder to vaccines.