

Vanderbilt Occupational Health Screening Form for Observers

Version for current VU undergrads – Deliver to the HPAO at designated time, along with other requirements.

Name: _____

Date of Birth: ____/____/____

Start Date: _____

End Date: _____

HEALTHCARE PROVIDER MUST COMPLETE (NOT OBSERVER)

INITIAL ONE OPTION IN EACH SECTION - "To Be Attached" Accepted for Flu Shot ONLY

PROVIDE DATES WHERE INDICATED

MEASLES, MUMPS AND RUBELLA

____ Two (2) doses of MMR vaccine after first birthday (vaccine dates: _____)

____ Serologic proof of immunity to measles, mumps and rubella

(lab dates: measles _____ mumps _____ rubella _____)

Pt born prior to 1957 and has positive immunity to rubella (lab date: _____)

VARICELLA (A history of the disease is insufficient proof of immunity. Proof of immunity is only accepted via one of the following:)

____ Documented serologic immunity to varicella (lab date: _____)

____ Two(2) doses of varicella vaccine (vaccine dates: _____)

HEPATITIS B

____ Three (3) doses of hepatitis B vaccine (vaccine dates: _____)

____ Serologic proof of immunity (lab date: _____)

____ Series begun; has had _____ of (3) Hepatitis B immunizations (vaccine dates: _____)

____ Wishes to decline vaccine.

PERTUSSIS (required if participating in the AED Shadowing Program or if observing in Pediatric, Emergency, or Women's Health departments.)

____ One dose of Tdap vaccine: (vaccine date: _____)

*Note: DTP/DTaP and Td/TD vaccines do not meet this requirement.

TUBERCULOSIS

TB skin test or IGRA positive:

____ Chest X-ray has no evidence of active TB **AND** Treatment for latent TB infection was offered

(X-ray must be more recent than 6 months prior to observation start date. X-ray date: _____)

TB skin test negative or IGRA negative: 2 step TB testing or IGRA completed:

(*note: if stay will be < 2 weeks, only 1 TST within 3 months of start date is required)

____ Date of 1st TBST (must be within 1 year of start date): _____

____ Date of 2nd TBST (must be more recent than 3 months before start date): _____

____ IGRA completed more recently than 3 months before start date. IGRA date: _____

INFLUENZA

(Applicable if observer will be on the Vanderbilt University campus for any portion of the time period between October 1 and March 31; conversely, not applicable if the observer will not be on campus during that window of time.)

____ Annual Influenza Vaccination (vaccine date: _____) -which must be between July 1 and March 31 of the respective annual influenza season

____ Initial here if Annual Influenza Vaccination proof WILL BE ATTACHED later. (Proof MUST be provided PRIOR to being approved)

NON-EMPLOYEE OBSERVER

I attest that I have reviewed the original documentation for all vaccines, X-rays and lab tests marked above and that the information is complete and accurate to the best of my knowledge:

Healthcare Provider Printed Name: _____

Healthcare Provider Signature: _____

Office Phone: _____

Office Address: _____

Date: _____

CURRENT VUMC EMPLOYEE

(Occupational Health Clinic use only)

This employee is compliant with the infectious disease programs above.

OHC stamp:

OHC Signature: _____

Date: _____