

EMPLOYEE HEALTH SERVICES Virginia Commonwealth University Health System (VCUHS)

HISTORY/IMMUNIZATION RECORD

Instructions: In accordance with VCUHS Infection Control Policies and/or Occupational Safety and Health Administration (OSHA) requirements, VCUHS Employee Health Service will conduct a screening for a variety of infectious diseases during your pre-placement assessment. To expedite your health assessment screening, you must have your Health Care Provider, Student Health or the Employee Health Office with your previous employer complete and sign this Immunization Record. The dates must include the month, day and year. Failure to complete this form will result in lab tests and immunizations which may be unnecessary. If you are lacking required immunizations or appropriate laboratory tests (titers, chest x-ray, etc.) they will be completed without charge at the time of your pre-placement medical assessment. If you have any questions, please call Employee Health Services at (804) 828-0584.

Name (print): _____ Last First M.I.	
Date of Birth: _____ Month/day/year	Social Security Number: _____

A. Tuberculosis

Check appropriate box

- PPD (Mantoux) skin test for previously negative reactors.
Test results Positive Negative Date of last test: _____
- PPD was positive, **copy of chest x-ray report required.**
- Completed recommended course of INH therapy
- History of BCG Vaccine
Have you ever had a PPD (Mantoux) skin test? Yes No
Test result _____ Date of Test: _____

B. Hepatitis B

Check appropriate box

- Received Hepatitis B vaccine
Dates of all vaccines received:
First Dose: _____ Second Dose: _____
Third Dose: _____ Fourth Dose: _____
Fifth Dose: _____ Sixth Dose: _____
- Post-vaccine antibody testing done, **include copy of report**
- Declined vaccine.

