



University Physician's Office

Return to:
Occupational Health
347 Olin Health Center

Name
DOB
Department
Campus Address
Job Title

Today's date:

This information is required for compliance with federal and state regulations. It is important that this form is completed accurately. Thank you.

Section A (required)

Do you have contact with patients? YES NO

Do you have any risk of contact with blood or body fluids in the course of your work? YES NO

Immunization Information for Current Healthcare Workers

Table with 6 columns: Questions for each disease, Hepatitis B, Rubeola (10 day Red Measles), Mumps, Rubella (3 day German) measles, Chickenpox. Rows include Had disease?, Antibody Titer showing immunity, and vaccination dates for 1-6 vaccines.

Date of ADULT dose of Pertussis vaccine (only available as ADACEL- Tdap since 2005)
Have not had

\* If you have not had Hepatitis B disease, been vaccinated, or had a positive titer for Hepatitis B, you must make a choice to receive Hepatitis B vaccine OR waive Hepatitis B vaccine. To receive vaccine, please call MSU Occupational Health at 353.9137 for an appointment. To waive vaccine, complete the waiver on the back of this form.

Section B (required)

Table with 2 columns: Yes, No. Header: Tuberculosis Information for Current Healthcare Workers. Rows: Have you ever had active Tuberculosis (TB) disease? Have you ever had a PPD (TB test)? Was the reaction was greater than or equal to 10 m.m.?

**Section C (required ONLY IF you have a history of reactive TB skin test)**

YES	NO	Tuberculosis Symptom Monitor
		Did you have a chest x-ray done after the reactive PPD? If yes, what were the results?
		Did you take medication after the reactive PPD? If yes, what medicine and for how long?
Please indicate if you have any of the following symptoms for which you do not have a clear explanation.		
		Have you lost weight in the last 6 months without dieting?
		Do you on a regular basis have night sweats or wake up with the sheets wet from sweating?
		Do you have a frequent persistent cough?
		Are you tired all the time?
		Are you bothered by shortness of breath?
		Do you cough up blood?
		Have you been having increased temperature (fever)?

**Section D (required ONLY IF you decline Hepatitis B vaccination)****HEPATITIS B VACCINE WAIVER**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature:

Date:

If you have additional vaccines that you would like added to the database, please attach a list.

If you have questions about completing this form, please call MSU Occupational Health at 353.9137 or email MSU Occupational Health at [occhealth@hc.msu.edu](mailto:occhealth@hc.msu.edu).