

Employee Health Questionnaire

Employee Name _____ Department _____

Hepatitis B (to be completed by SHC clinical staff, University Police, Athletic trainers, Custodians)

Have you been vaccinated for Hepatitis B by receiving *all three* shots? Yes__ No__ Don't know__

If you received less than three shots, please write in the dates: _____

If you have not been immunized for Hepatitis B, this vaccination is available through this Employee Health program and you may contact the SHC at x3629 to schedule one. Those who are not vaccinated and do not wish to do so, will need to sign a declination available through RM/EHOS.

TB screening (to be completed by SHC clinical and clerical staff, University Police)

Have you had a TB skin test? Yes _____ No _____ Don't know _____

If yes, when? _____ Results? Positive _____ Negative _____

If you had a positive TB test, are you under age 35? Yes _____ No _____

If you had a positive TB test, you will need to fill out an additional questionnaire.

TB skin tests are available at SHC (call x3629 for an appointment).

Measles, Mumps, Rubella (to be completed by SHC clinical and clerical staff only)

Are you immune to measles, mumps and rubella? Yes _____ No _____ Don't know _____

You will need to provide proof of immunity. (i.e. immunization records, proof of having had the disease). For those individuals who are not sure about their immunity, they will be given the option of being vaccinated with the MMR vaccine or having their blood drawn to check for immunity (antibody titers).

Varicella/chicken pox (to be completed by SHC clinical and clerical staff)

Are you immune to varicella? (History of having had chicken pox is acceptable proof of immunity.) Yes _____ No _____ Don't know _____

For those individuals who are not sure about their immunity, they will be given the option of having their blood drawn to check for immunity (antibody titers).

Employee Signature: _____ Date: _____