

ERIE VAMC HEALTH REQUIREMENTS **(CHECK FOR RECENT UPDATE)**

Date: _____ Company _____

Workers Name: _____ SS#(last four only) _____ Date of Birth: _____

IMMUNIZATION	Required prior to start date
CHICKENPOX REQUIRED	<p>Strong verbal history? Yes no</p> <p>If no, unknown or unsure, date of Varicella titer and results: Date _____</p> <p>Immune Yes___ No___</p> <p>If non immune dates of 2 doses of Vaccine required 1. _____ 2. _____</p>
RUBELLA/ RUBEOLA REQUIRED	<p>IF BORN ON OR AFTER 1/1/57 provide ONE of the following:</p> <p>.Physician documentation of disease</p> <p>.Dates of receiving 2 doses of MMR 1. _____ 2. _____</p> <p>.Date of rubella titer _____ immune Yes___ No___</p> <p>date of rubeola titer _____ immune Yes___ No___</p> <p>(if non immune 2 doses of MMR vaccine is required)</p>
HEPATITIS B vaccine if at risk for occupational exposure to BBP	<p>Dates of vaccine 1. _____ 2. _____ 3. _____</p> <p>Offered but refused yes___ no___</p>
TB SCREENING REQUIRED	<p>TB Screening is to be done by Mantoux method (PPD) no longer than one year prior to starting an assignment at Erie VAMC. If test result is positive, (10mm or >) the individual should be referred to the Erie County health Dept. or their Primary Care Physician for documentation of evaluation to rule out active TB. If there is a past history of positive results, a questionnaire should be completed. This can be obtained by calling Erie VAMC Associate Health at (814) 860-2232.</p> <p>Document in this table the date of testing and results or attach a copy of completed questionnaire.</p> <p>PPD date _____ Result _____ mm</p>

Approved _____ Not Approved _____ By _____ Date _____