

**STUDENT AND CONTRACT WORKER HEALTH SCREENING FORM**

NAME: _____	JOB TITLE: _____
Employer/School: _____	
Contact Person: _____	Phone Number: _____
Workers Compensation Provider: _____	
Company Name: _____	
Address: _____	
Contact Person: _____	Phone Number: _____

**O'CONNOR HOSPITAL REQUIRED MEDICAL HISTORY DOCUMENTATION IS AS FOLLOWS:**

1. TB Screening prior to assignment and annually.
2. Rubella titer or documentation of live vaccine.
3. Rubeola titer or documentation two doses of live vaccine.
4. Mumps titer or documentation of disease by physician
5. Varicella titer if negative or uncertain of history of chicken pox.
6. If Job Classification is "at risk" for exposure to blood/body fluids, documentation of Hepatitis B Vaccine or signed declination on file.

**TB**

Tuberculin Skin Test (Two-step required)	Date given: _____ Date read: _____
	Results: _____
<u>or</u>	Date given: _____ Date read: _____
If skin test positive then	Results: _____
Negative CXR (within 3 mos of agency hire) AND no symptoms of active TB	CXR Date: _____
	Results: _____

**RUBELLA**

Vaccination with live vaccine (one dose)	Date: _____
<u>or</u>	
Current Positive Titer	Date: _____ Results: _____

**RUBEOLA**

Vaccination with live vaccine (two doses)	Date: _____ Date: _____
<u>or</u>	
Current Positive Titer	Date: _____ Results: _____

**MUMPS**

Vaccination with live vaccine (two doses)	Date: _____ Date: _____
<u>or</u>	
Current Positive Titer	

**VARICELLA**

Titer (if negative or uncertain history)	Date: _____ Results: _____
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**HEPATITIS B VACCINE**

#1Date: _____ #2Date: _____ #3Date: _____	
<u>or</u>	
Declination signed: _____	Date: _____
_____	Date: _____

Signature of Healthcare Provider completing this form