Vaccine History Form for OU-Tulsa Employees and Students

Name: _____ Dept: _____ EmplID _____
Date _____ Date of Birth:_____ Job Title: _____
Building in which work is performed: _____ Supervisor Name: _____
Department Address: _____ Dept. Phone: _____ Date Hired: _____

Do your job duties ever require work in patient contact areas? ..... □ Yes □ No ____ Initial
If you answered 'yes', please provide the records requested in 1, 2, 3, 4, 5, 7 and 8 below.
Do your duties have the potential for exposure to human blood, blood products, or other body fluids?..... □ Yes □ No ____Initial
If you answered 'yes', please provide the records requested in 6 below.
If you answered 'no' to the above questions, complete all information requested above and send the form to Employee Health.
If you answered 'yes' to either question above, complete the rest of this form and call (918) 619-4411 to setup an appointment with the Employee Health Nurse. DO NOT FORWARD ANY VACCINATION RECORDS VIA INTEROFFICE MAIL. VACCINATION RECORDS SHOULD BE PRESENTED AT THE TIME OF YOUR APPOINTMENT.

1. Tuberculin PPD Mantoux Skin or Interferon Gamma Release Assay (IGRA) Test (Tine or Monovac test not acceptable): complete item a. or b.
   a. □ Attach evidence of a negative tuberculin PPD or IGRA test received in the last 12 months. Test Date: _____
   b. □ Date of first positive tuberculin PPD or IGRA test Test Date: _____
      i. Attach evidence of a follow-up negative chest x-ray X-Ray Date: _____
      ii. Did you receive isoniazid-based therapy? □ Yes □ No

2. Varicella (Chicken Pox): complete a., b., or c.
   a. □Attach documentation from a healthcare provider of either a diagnosis or history of chickenpox or herpes zoster (shingles).
   or
   b. □Attach evidence of varicella blood test Test Date: _____
   or
   c. □Attach evidence of two varicella immunizations 28 days apart 1) _____ 2) _____

3. Rubeola (Measles): complete a. or b.
   a. □Attach evidence of 2 rubeola immunizations 28 days apart after the age of 12 months 1) _____ 2) _____
   or
   b. □Attach evidence of a positive blood test for IGG antibodies Test Date: _____

4. Rubella (German Measles): complete a. or b.
   a. □Attach evidence of 1 rubella immunization received after the age of 12 months Vaccine Date: _____
   or
   b. □Attach evidence of a positive blood test for IGG antibodies Test Date: _____

5. Mumps: complete a. or b.
   a. □Attach evidence of 2 mumps immunizations 28 days apart received after the age of 12 months 1) _____ 2) _____
   or
   b. □Attach evidence of a positive blood test for IGG antibodies Test Date: _____

6. Hepatitis B immunizations: complete a., b. or c.
   a. □Attach evidence of 1, 2, and 3 hepatitis B immunizations and dates 1) _____ 2) _____ 3) _____
   or
   b. □Attach evidence of a positive blood test for IGG antibodies Test Date: _____
   or
   c. □**Vaccine Refusal** - I understand that due to my occupational or student 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 me if I am an OUHSC employee). However, I decline the hepatitis B vaccine at this time. I understand 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 and other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (at no charge to me if I am an OUHSC employee).
   Printed Name _____ Signature _____ Date _____

7. Tetanus and Diphtheria
   a. Did you receive childhood Diphtheria-Pertussis-Tetanus (DPT) immunization? □ Yes □ No □ Uncertain
   b. Have you received adult Tetanus-diphtheria (Td) immunizations? □ Yes □ No □ Uncertain
   c. Approximate date of last tetanus booster Test Date: _____

8. Pertussis
   a. Have you received adult Tdap immunization? □ Yes □ No □ Uncertain
   b. Approximate date Test Date: _____

I understand I will be deemed by the University to have declined to be vaccinated if I have not completed the vaccination immunization requirement by 180 days of my employment or my initial notification of these requirements. I have therefore assumed the risk of contracting these diseases should I elect to decline to be immunized. I know that I may re-visit this decision with Employee Health at any time, and I may change my mind any time in the future.

I have declined/deferred one of the above (declination form attached).

Employee Signature _____ Date: _____