

HEALTH STATUS INFORMATION

According to the policy and procedures of Regional Human Resources (HR 5.02) Southern California Region, Title 22, CAC Section 7023, CDC guidelines all contracted medical center employees are required to demonstrate current immunity to the following communicable diseases:

1. Complete the following serology / immunization information:

(Serologic immunity or up-to-date immunization is required.)

Mumps	Serologic Titer:	Date of Titer	Immunization Date*: 1. 2.
Rubella	Serologic Titer:	Date of Titer	Immunization Date*:
Rubeola	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.
Varicella	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.
Hepatitis B	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2. 3.
**Hepatitis A	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.

*Give the last time immunized. Childhood vaccinations are not sufficient. The following number of doses are needed: two doses for rubeola; two doses for varicella; at least the first dose for hepatitis B. Hepatitis B vaccine can be declined, if so please sign below in section 4.

**If applicable

2. Give the following tuberculosis screening information:

Provide documentation of your most recent TST skin test or IGRA (QFT or T-Spot). If the TST or IGRA was positive, give date and results. The last TST needs to be in the last year before starting work.

Last TST or IGRA Date:	Results (mm of induration)*:
Previous IGRA:	Results (mm of induration)*:

*If there was no induration, indicate "0".

If your TST is newly positive, you will need to provide a report of a negative chest x-ray done after the TST. If the TST was previously positive TST, the results of a negative chest x-ray should be on file at your registry.

3. Please answer the following questions:

- a) Yes No Have you had any new problem which **currently** is infectious or would prevent you from performing your assigned duties at this time? If "Yes", describe: _____
- b) Yes No Have you had an unexplained weight loss in the last year? If "Yes", give amount lost: _____
- c) Yes No Do you have a persistent cough (lasting 3 weeks or more)?
- d) Yes No Do you cough up blood?
- e) Yes No Do you have persistent, unexplained fevers or night sweats?
- f) Yes No Do you have a rash? If "Yes", for how long? _____
- g) Yes No Have you seen a doctor for any of the above? If "Yes", which numbered item?

4. Hepatitis B vaccine: I understand that due to my occupational exposure to blood or other potentially infectious material, 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 by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I 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. Sign if you want to decline the Hepatitis B vaccine. Signature: _____

5. Tdap vaccine/date _____ or declination 6. Seasonal Flu vaccine/date _____ or declination.

I hereby affirm that the information provided in this questionnaire is accurate and fairly represents my current health status. I understand that any misrepresentations, misstatements or omissions in this questionnaire, whether intentional or not, shall constitute a breach of contract between Contractor, or contract agency, and Kaiser Permanente. If employment was initiated prior to the discovery of such misrepresentation(s), misstatement(s) or omission(s), such discovery may result in immediate suspension or termination of such employment. I understand my employer/agency will receive a copy of this completed form.

_____/_____/_____
SIGNATURE

PHONE

DATE

Please Print Name: _____ ADDRESS _____ ZIP _____

- Resident PA Student Medical Student Observer in Training Registry Nursing Student
 Traveler Sub-Contractors Vendors, Contractors, and Suppliers