

STAFF HEALTH FORM

PLEASE FILL IN EVERY DETAIL

This information will be entered on a secure database and is kept strictly confidential

Cost Centre (MCRI only)

Name _____ Date of Birth ___/___/___ Employee number _____
 Occupation _____ Ward/Dept _____ Hosp e-mail _____

Hepatitis B

Have you had ...

Hepatitis B vaccine? 3 doses 2 doses Booster dose Date of last vaccination ___/___/___ No, not immunised

Do you have documentation (eg. pathology form) proving you are immune to Hepatitis B? Yes No

If yes, what is your level _____ IU/L

Measles, Mumps, Rubella

Have you had ...

Measles? yes / no Mumps? yes / no Rubella? yes / no
 MMR vaccine? 2 doses 1 dose Date of last vaccination ___/___/___ No, not immunised

Chicken Pox

Have you had ...

Chicken Pox? yes/no
 Chicken Pox vaccine? 2 doses 1 dose Date of last vaccination ___/___/___ No, not immunised

Diphtheria, Tetanus, Pertussis (DTPa)

Have you had your childhood DTPa vaccines? Yes No Unsure

Have you had Boostrix vaccine (dTpa) ? Yes Date ___/___/___ No Unsure

Please return completed form to Infection Control via Internal Mail.

If you require a blood test or need to discuss immunisation requirements, contact the Infection Control Department on ext 5740 for follow up.

Office use only

Date received:	Vaccinations needed:	Notice sent:
Data entered:	Serology needed:	Sign: