Human Resources

**Employee Health Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee name |  | Employee number |  | Date of birth |  |
| Previous RCH ID # |  | Start Date |  | email |  |
| Position title |  | Department |  | RCH email |  |

# Hepatitis B Chickenpox (Varicella)

*Have you had the Hepatitis B* ***vaccine****: Have you had the chickenpox* ***disease****? *

3 doses *If not had* ***disease*** *had the chickenpox* ***vaccine****?* ***Provide evidence of vaccine***

Not immunised

2 doses 2 doses

Booster dose 1 dose

***Provide serology result*** Unsure

**Measles, Mumps, Rubella (MMR) Diphtheria, Tetanus, Pertussis**

*Have you had the MMR* ***vaccines:*** *Have you had the childhood* **DTPa *vaccines***

2 doses *Have you had an adult booster of* **dTpa**?

1 dose Date of last vaccine: / / (e.g. Boostrix or Adacel)

*Have you had the* ***disease****:* ***Provide evidence of vaccine***

Measles

**\*Provide photocopied evidence of past vaccination/blood tests\***

# Mumps Annual influenza vaccine

Rubella Date of last vaccine: / /

***Provide evidence of vaccine or serology (if born after 1966)***

**Hand Hygiene – only complete if you have direct patient contact**

Do you currently have any type or degree of skin problem on your hands, wrists, or forearms? Do you have any proven skin allergies (e.g. by patch testing) on your hands, wrists, or forearms?

Do you ever need to wear a brace, splint, or compression garment on your hands, wrists, or forearms at work? If you answered yes to any of the above, please provide more detail on the reverse of this form.

# Office use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date received |  | Date emailed |  | Needs |  |
| Date entered SAP |  |  |  | Signature |  |