

LONG TERM VISITOR AND HEALTH QUESTIONNAIRE

- Attachment #2

Name _____ Date of Birth (Mo/Day/Yr) _____
First MI Last

1. TB PPD skin test in previous 12 months

Date of test ___/___/___ Result (circle one) Positive, OR Negative, OR If any previous test was **positive**, list test type, treatment dates and latest x-ray date/result _____

2. Measles/Mumps/Rubella (MMR)

Two doses after 12 months of age.....Dates ___/___/___ & ___/___/___

OR Measles (Rubeola) – one option must be met:

Two immunizations after 12 months if born in or after 1956.....Dates ___/___/___ & ___/___/___ OR one immunization if born before 1957.....Date ___/___/___ OR

Blood titer documenting immunity.....Date of test ___/___/___ OR

AND Rubella (German Measles) – one option must be met:

Immunization after 12 months of age.....Date ___/___/___ OR

Blood titer documenting immunity.....Date of test ___/___/___

3. Varicella (Chickenpox or Shingles) – one option must be met:

Immunizations.....Dates ___/___/___ & ___/___/___ OR

Blood titer documenting immunity.....Date of test ___/___/___ OR

History of disease.....Disease Date ___/___/___
(If born before 1980 only)

4. Hepatitis B – one option must be met:

Vaccine – Series of three.....Dates ___/___/___ & ___/___/___ & ___/___/___ OR

Positive Hepatitis B Antibody Test.....Date of test ___/___/___

Signed OSHA declination form

5. Tetanus Pertussis-Diphtheria series as a child AND

Tetanus-Diphtheria booster less than 10 years ago.....Date ___/___/___

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I hereby certify that I meet all health and immunization requirements of the _____

Signature _____ Date _____