

Penn State Milton S. Hershey Medical Center Employee Health Department 500 University Drive, H087 Hershey, PA 17033 Telephone (717) 531-8280 Fax (717) 531-3966

## **Employee Health Department Requirements within 10 days of start date**

## PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY!

Complete the Infectious Disease Summary including the following:

- Documentation of MMR I and II (date) OR documentation of positive Rubella, Rubeola, and Mumps titers (blood test)
- Documentation of 2 Varicella immunizations OR documentation of a positive Varicella titer (blood test)
- Date and result of any recent TB test
- Date of last Tetanus shot
- Documentation of the Hepatitis B immunization series

NOTE: The immunization information may be obtained from your health care provider's office. Information must be received by Employee Health within 10 days of hire. If not submitted within 10 days you will be required to go to the lab to have blood work drawn.



## **Employee Health Department INFECTIOUS DISEASE SUMMARY**

	Address:
Phone Number	City:State:
<b>Date of Birth:</b> /	Zip Code:
Day ( )	Emergency Contact
DepartmentJob Title	Phone Number
TUBERCULOSIS STATUS:  Mantoux Skin Test – Date//	
(Must be within the Past 90 days or will be	IMMUNIZATIONS:
provided by Employee Health)	Tetanus, Diphtheria, Pertussis
Results: Negative	(TDAP)
Results: Negativem.m	Date:/
IF POSITIVE	Honotitis D. Dotos
Date of Follow Up Testing	<b>Hepatitis B – Dates</b> (1)//
Date// Result	(1)/
Result	(3)/
	(optional) Hepatitis B titer date/result:
MMR Status:	
Two Doses of Vaccine	Varicella (Chicken Pox)
(1)//	Two Doses of Vaccine
(2)/	(1)// (2)//
OR	OR
Positive Antibody Titer by Lab Screen	Positive Antibody Titer by Lab Screen
Rubella Date:// Rubeola Date://	Date:/
Mumps Date:/	
/	History of Varicella is not accepted
If any of the Titers are Negative Vaccination is needed	
Signature of Medical Provider:	Date://
Address:	City:State:Zip Code: