UVA Employee Health Screening Form

Soc Sec# _____ MRN# _____ Employee ID# _____

Name _____ Birth Date: _____
Last *First* *Middle/Maiden*

Date of Employment _____ Job Title _____ Dept. _____

Home Address _____ Home Phone _____

1. Have you had chickenpox? Please circle one: **YES** **NO** **UNKNOWN**
   If no, have you had Varicella (chickenpox) vaccine? ……..... YES NO
   If yes, you must provide medical documentation.
2. Have you had a rubella antibody test (German Measles)? …… ..... YES NO
   If yes, you must provide documentation of result.
3. Have you had **measles, mumps and/or rubella vaccine**? ……..... YES NO
   If yes, you must provide medical documentation.
4. Have you had the tetanus series? …… .... YES NO
   If yes, you must provide medical documentation.
5. Have you had tetanus, diphtheria and acelluar pertussis (whooping cough) Tdap vaccine? ……YES NO
   If yes, provide medical documentation.
6. Have you had a **reaction (redness and swelling) to a tuberculin skin test**..... YES NO
7. Have you ever received treatment for latent tuberculosis (i.e. INH therapy)?. ..... YES NO
   If yes, please give treatment dates_____
8. Have you had the **Hepatitis B vaccination series**? ……..... YES NO
   If yes, you must provide medical documentation.
   If yes, did you have an antibody test drawn approximately one to two months after your 3rd injection? ... YES NO
   If yes, you must provide documentation of results.
9. Are you currently infected or colonized with methicillin-resistant *Staph aureus* (MRSA) ..... YES NO
10. Are you currently infected or colonized with vancomycin-resistant enterococcus (VRE) ..... YES NO
11. Have you had a seizure in the past six-months? ..... YES NO
12. Have you been told by a physician that you have an allergy to latex? ..... YES NO
13. Do you have trouble identifying colors? ..... YES NO

Completed by:

_____

Signature Date