

M MICHIGAN MEDICINE Occupational Health Service

PART I – TO BE COMPLETED BY THE APPLICANT

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____

Department/Division: _____ Department contact (if known): _____

Job Title : _____ Start date: _____

PART II -DOCUMENTED PROOF MUST BE ATTACHED WITH THIS FORM

1. RUBELLA

Live Rubella (or MMR) vaccine (2 Doses):
Dose 1: ___/___/___ Dose 2: ___/___/___

OR

Rubella Titer: ___/___/___ Result: positive/negative (circle one)

2. MUMPS

Mumps (or MMR) vaccine (2 Doses):
Dose 1: ___/___/___ Dose 2: ___/___/___

OR

Mumps Titer: ___/___/___ Result: positive/negative (circle one)

3. RUBEOLA (Measles)

Live Rubeola (or MMR) vaccine (2 Doses):
Dose 1: ___/___/___ Dose 2: ___/___/___

OR

Rubeola Titer: ___/___/___ Result: positive/negative (circle one)

4. CHICKENPOX (VARICELLA)

Varicella Titer: ___/___/___ Result: positive/negative (circle one)

OR

Varicella Vaccine (2 Doses):
Dose 1: ___/___/___ Dose 2: ___/___/___

5. HEPATITIS B VACCINATION

Dose 1: ___/___/___ Dose 2: ___/___/___ Dose 3: ___/___/___
 Positive immune titer: ___/___/___

**6. Tdap (Tetanus, Diphtheria, Pertussis) vaccination : ___/___/___ (Td-Tetanus Diphtheria will not meet the requirement)
*****Must have one dose of adult Tdap (eff 2011)**

7. INFLUENZA vaccine: ___/___/___ (Required for current flu season)

8. TUBERCULOSIS

Date of Last PPD: ___/___/___ _____mm Negative _____mm Positive I
If positive, QFT (required): ___/___/___ Result: _____ Attach Copy

9. Do you have a latex allergy? _____ No _____ Yes
