

**UNIVERSITY OF MICHIGAN HOSPITALS
EMPLOYEE HEALTH SERVICE
EMPLOYEE HEALTH SERVICE ACTIVITY SHEET**

** You can print this form
and make extra copies to
use at your site **

Soc Sec Num.:

Position.....:
Organization:
Supervisor...:
Dept Address:
Work Phone...:

(Unknown)

Gender:
Birth.: / /
Hire...: / /

TETANUS.....: RN: L R delt LOT: VAC PRF DEF DEC

<p>T.B. Test Date Site R / L Administered By: Proof Provided?</p> <p>T.B. Reading Date Read By: Induration Result Code: N P PH E Proof Provided?</p> <p>Comments: Annual New Emp / Volunteer Step II: Y / N</p>	<p>T.B. Test Date Site R / L Administered By: Proof Provided?</p> <p>T.B. Reading Date Read By: Induration Result Code: N P PH E Proof Provided?</p> <p>Comments: Step II Annual TB program? Y / N</p>
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CXR DATE.....: RN: SCREENING:
PULMONARY APPT: NORMAL APICAL CAPPING INFILTRATE OTHER

CHICKEN POX.....: HIST UNK NON-IMM IMM VACC PRF DEF +NON EX
LOT: L R deltoid RN:

MEASLES.....: HIST UNK NON-IMM IMM VACC PRF DEF +NON EX
RN:

RUBELLA.....: HIST UNK NON-IMM IMM VACC PRF DEF +NON EX
RN:

OS: RESIPIRATOR..: RESULT: CLEAR LIMIT DENY BY: FIT: / / SIZE:

#	DATE	HEPATITIS 'B' ACTIVITY				COMMENT
		LOT#	DOSE	SITE	RN	
900						
901	/ /		1ml	L R deltoid		
902	/ /		1ml	L R deltoid		
903	/ /		1ml	L R deltoid		
904	/ /		1ml	L R deltoid		
906						

SMOKING CESSATION:
Never Quit for 6 months Quit for 4 months Want to quit next month Want to quit within 6 mos No plans to quit
[] [] [] [] [] []

ISHIHARA TEST...: PASS FAIL NOT APPLICABLE
RN:

NURSING NOTES: