

University of Utah Hospitals and Clinics
New Hire Immunization Form

Full Name (please print) _____ Job Title _____

Hospital Department/Unit _____ Employee ID Number _____

Date of Hire _____ Date of Birth _____ Gender (circle) M F

Supervisor's Name & Signature _____

To prevent delay in processing of payroll forms, please return this form and all required documentation to your hiring department prior to your first day of work

Type of Immunization or Test	Where Immunization or Test was Obtained	Date	Documentation Attached * (Yes/No)	Health Care Provider Signature
TB Skin Test** within 2 mos. of hire date (record result in millimeters)				
MMR Dose #1 (or record positive titers for Measles and Rubella)				
MMR Dose #2 (or record positive titers)				
Tetanus-Diphtheria (within past 10 years)			***	
Hepatitis B Vaccine Dose #1			***	
Hepatitis Dose #2				
Hepatitis Dose #3 (record titer if available)				

Please answer/complete the following questions:

1. Have you ever had chickenpox****? (circle one) YES NO
If so, when did you have chickenpox (or how old were you)? _____ (year or age)
2. Have you ever had a blood test to prove chickenpox immunity or have you received chickenpox immunizations? (circle one) YES NO
If so, please attach documentation of immunity or immunizations.
3. Do you give direct patient care or do you come in direct contact with patients, specimens or soiled equipment? (circle one) YES NO

Please read and sign the following: University of Utah Hospitals and Clinics may verify all information listed on this form. I understand that being hired and continued employment depends on the truthfulness of this information.

Employee signature _____ **Date** _____

Read and sign ONLY if all requirements CANNOT be met, e.g., due to a temporary or permanent medical exemption: I have not been able to fulfill these requirements due to _____

_____. I understand that failure to promptly receive the required immunizations when medically allowable could result in termination of my employment.

Employee Signature _____ **Date** _____

 * Definition of "documentation" – photocopy of your medical record signed by your health provider.

** If this test is positive or past tests have been positive, a copy of the result of your most recent chest X-ray is required.

*** Dates of immunizations for Hepatitis B vaccine and Tetanus-Diphtheria are sufficient documentation.

**** Hospital policy requires that patient care employees be immune to chickenpox, e.g., report past disease or receive immunization (unless it is medically contraindicated). If you are susceptible to chickenpox, you may not work in high risk patient care areas.