



HOWARD COUNTY
GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE

OCCUPATIONAL HEALTH IMMUNIZATION AND SCREENING RECORD

PLEASE PRINT:

NAME: _____ DOB: _____ SS#: XXX-XX-_____

DEPT: _____ POSITION: _____

CONTRACT AGENCY NAME (If applicable) _____

PLEASE STOP HERE. THE OCCUPATIONAL HEALTH NURSE WILL COMPLETE THE REST OF THIS FORM.

DATE	SCREENING/IMMUNIZATIONS	RESULTS			INITIALS
	Urine Drug Screen				
	PPD - Step I				
	PPD - Step II				
	Chest X-Ray				
	TB Questionnaire				
	Hepatitis B Titer				
	Mumps Titer				
	Rubella Titer				
	Rubeola Titer				
	Varicella - Titer				
	Respiratory Fit Testing - N95	Sm _____	Reg _____	PAPR _____	
	Color Blind Test	Pass _____	Fail _____		

VACCINATION ADMINISTRATION

Hepatitis B					
MMR					
Varicella					
TD/TDAP					
Influenza					
Other					

ADDITIONAL TITER INFORMATION

	DATE	RESULTS	INITIALS
Hepatitis B			
Rubeola			
Mumps			
Rubella			
Varicella			

CLEARED BY OCCUPATIONAL HEALTH MANAGER: _____

DATE HUMAN RESOURCES NOTIFIED: _____

CONTRACT AGENCY NOTIFIED IF APPLICABLE: _____

