MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE	OTSG APPROVED *(Date)* *(YYYYMMDD)*
COMMUNICABLE DISEASE AND IMMUNIZATION RECORD	

DATE:_____

I understand that due to my occupation exposure to blood or other potentially infectious materials I may be at risk of acquiring HEPATITIS B virus (HBV) infection. HEPATITIS B immunization is mandated as a condition of my employment. I also understand that due to my occupational exposure to potentially infectious persons, I am at risk of acquiring Varicella Zoster (VZ) infection if not protected through acquiring immunity verified by a titer. I have been given the opportunity to be vaccinated with Varicella (Varivax) vaccine (if a negative titer) at no charge to myself. I understand that by declining this vaccine, I continue to be at risk of acquiring disease, which is potentially serious. If, in the future, I continue to have occupational exposure and I want to be vaccinated, I can receive the vaccine at no charge to me.

Hepatitis #1_____ #2_____ #3_____

HBSAB titer date_____ RESULT_____

Td/Tdap Vaccine date_____

Varicella Titer date_____ RESULT_____

Vaccine #1_____ Vaccine #2_____

Measles Vaccine date_____ Titer_____ Result_____

Mumps Vaccine date_____ Titer_____ Result_____

Rubella Vaccine date_____ Titer_____ Result_____

TB(Mantoux) Two-step #1 Date Given_____ Date Read_____ Result_____

#2 Date Given_____ Date Read_____ Result_____

BLOODBORNE PATHOGEN TRAINING COMPLETED

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO HAVE THESE IMMUNIZATIONS COMPLETED ONCE THEY HAVE BEEN INITIATED

Employee Signature:_____ Date_____

ALLERGIES:_____

COMMENTS:

Laser Exposure Employee: YES NO Amsler Grid_____

(Continue on reverse)

PREPARED BY *(Signature & Title)*	DEPARTMENT/SERVICE/CLINIC	*DATE (YYYYMMDD)*

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)*	
NAME: SSN: DOB:	[ ] HISTORY/PHYSICAL [ ] FLOW CHART [ ] OTHER EXAMINATION OR EVALUATION [ ] OTHER *(Specify)* [ ] DIAGNOSTIC STUDIES [ ] TREATMENT