



Occupational Health Services
Health Statement for Academic Visitors

Please bring supporting documentation. i.e. titer lab reports or vaccination certificate

Name: _____
First Name Last Name

Rubella (German Measles)

1 Vaccine _____ or Positive Titer _____
Date Date [] Documents Verified

Rubeola (Measles):

2 Vaccines _____ or Positive Titer _____
Date Date Date [] Documents Verified

OR 2 MMR (Measles, Mumps, Rubella) Vaccines MMR 1. _____ MMR 2. _____
Date Date

Mumps:

2 Vaccines _____ or Positive Titer _____
Date Date Date [] Documents Verified

OR 2 MMR (Measles, Mumps, Rubella) Vaccines MMR 1. _____ MMR 2. _____
Date Date

Varicella (Chicken Pox):

2 Vaccines _____ or Positive Titer _____
Date Date Date

OR MD/NP Documentation of Illness _____
Date

Hepatitis B Vaccine:

3 Vaccines _____
Date Date Date

Titer: Hep B sAB Date _____ Positive Date _____ Negative

Declination: I do not wish to receive the Hepatitis B Vaccine

Visitors Signature _____

Tuberculosis Screening:

- Please note a BCG scar is not sufficient representation of PPD screening
Screening must be done no more than 12 months prior to planned arrival date

Mantoux (PPD) Negative _____/mm Date _____ Positive _____/mm Date _____
* If PPD positive; Chest X-Ray Date _____ Read by: _____
Contact Number: _____

SIGNATURE OF ACADEMIC VISITOR: _____
DATE SIGNED BY ACADEMIC VISITOR: _____

OHS NURSING CLEARANCE

Name (Print) Signature Date