



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 [ ] Documents Verified

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

Mumps:

2 Vaccines \_\_\_\_\_ or Positive Titer \_\_\_\_\_
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

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