

Immunization Information Sheet

Employee Name: _____

Before you begin your assignment, please carefully read and complete this Immunization Information Sheet. Check the options that apply to your situation, sign, date and return to Top Echelon Contracting. If you are electing to decline any immunizations, be sure to check the appropriate box below.

In addition to this form, you must provide Top Echelon Contracting with a copy of all current vaccination records and test results. Please return this form and your records as soon as possible to confirm whether or not additional immunizations are required.

By signing, you authorize Top Echelon Contracting to release information related to your immunization status to the Client and to Galileo Search, LLC.

Hepatitis B

- I have completed the Hepatitis B series. Vaccination dates are as follows:
#1: _____ (mm/dd/yyyy) #2: _____ (mm/dd/yyyy) #3: _____ (mm/dd/yyyy)
- I have started the Hepatitis B series and will complete the series on _____ (mm/dd/yyyy)
- I choose to decline the Hepatitis B vaccine. I am aware it is recommended by OSHA for potential blood and body fluid exposure and I am declining at my own risk.

Tuberculosis

TB skin tests may need to be completed on an annual basis.

If your TB skin test results are positive, you must submit chest x-ray results to our office.

- I have been vaccinated for Tuberculosis. Vaccination date: _____ (mm/dd/yyyy)
- I have been given a TB skin test. The administration date, read date and results are as follows:
Administered: _____ (mm/dd/yyyy) Read: _____ (mm/dd/yyyy) Results: _____
- I have been given a chest x-ray. The date and results are as follows:
Administered: _____ (mm/dd/yyyy) Results: _____

Influenza

- I have been vaccinated for Influenza. Date of my most recent vaccination is: _____ (mm/dd/yyyy)
- I will receive an Influenza vaccine at the Client's request.

Mumps, Measles (Rubeola) and Rubella (German Measles) – MMR

Mumps

- I have been vaccinated for Mumps. Vaccination dates are as follows:
 #1: _____ (mm/dd/yyyy) #2: _____ (mm/dd/yyyy) #3: _____ (mm/dd/yyyy)
- I have had the Mumps infection. Date of infection: _____ (mm/dd/yyyy)
- I have had a Mumps titer that indicated immunity. Date of titer: _____ (mm/dd/yyyy)
- I will receive an MMR vaccine at the Client's request.

Measles

- I have been vaccinated for Measles. Vaccination dates are as follows:
 #1: _____ (mm/dd/yyyy) #2: _____ (mm/dd/yyyy) #3: _____ (mm/dd/yyyy)
- I have had the Measles infection. Date of infection: _____ (mm/dd/yyyy)
- I have had a Measles titer that indicated immunity. Date of titer: _____ (mm/dd/yyyy)
- I will receive an MMR vaccine at the Client's request.

Rubella

- I have been vaccinated for Rubella. Vaccination dates are as follows:
 #1: _____ (mm/dd/yyyy) #2: _____ (mm/dd/yyyy) #3: _____ (mm/dd/yyyy)
- I have had the Rubella infection. Date of infection: _____ (mm/dd/yyyy)
- I have had a Rubella titer that indicated immunity. Date of titer: _____ (mm/dd/yyyy)
- I will receive an MMR vaccine at the Client's request.

Varicella (Chicken Pox)

- I have been vaccinated for Varicella. Date of my most recent vaccination is: _____ (mm/dd/yyyy)
- I have had the Varicella infection. Date of infection: _____ (mm/dd/yyyy)
- I have had a Varicella titer that indicated immunity. Date of titer: _____ (mm/dd/yyyy)
- I will receive a Varicella vaccine at the Client's request.

Tetanus, Diphtheria and Pertussis (Whooping Cough) – Tdap

The Tdap vaccine provides protection against Tetanus, Diphtheria and Pertussis (Whooping Cough).

The Tdap vaccine is given only once during your lifetime, however, you need routine booster shots of the Tdap vaccine every 10 years to adequately protect you against Tetanus and Diphtheria.

- I have received the Tdap vaccine. Vaccination date: _____
(mm/dd/yyyy)
- I have received Tdap booster shot(s). Date(s) of my most recent booster shot(s) are as follows:
_____ _____
(mm/dd/yyyy) (mm/dd/yyyy)
- I will receive a Tdap vaccine at the Client’s request.

Please check box to indicate your agreement and understanding of the following statement.

- It is the Employee’s responsibility to maintain current health records and immunizations. Additional verifications and/or immunizations may be required on an assignment-by-assignment basis as dictated by individual Client requirements.*

Employee Signature

Date