

Healthcare Worker Vaccination History

*required for saving **required for completion ^required for exposure management

*HCW ID # : _____ Social Security # : _____ - _____ - _____
 Secondary ID # : _____
 HCW Name, Last: _____ First: _____ Middle: _____

<u>^Type</u> (Code)	<u>^Date</u> ____/____/____	<u>Documented</u> (Y/N)		
_____	____/____/____	_____	ANTX=Anthrax	PNEU=Pneumococcus
_____	____/____/____	_____	FLU=Influenza	RUB=Rubella
_____	____/____/____	_____	HBIG=Hep B Immunoglobulin	SMPX=Smallpox
_____	____/____/____	_____	HBV=Hepatitis B	TET=Tetanus booster
_____	____/____/____	_____	HEPA=Hepatitis A	TETD=Tetanus Diphtheria
_____	____/____/____	_____	MEA=Measles	TETT=Tetanus toxoid
_____	____/____/____	_____	MENG=Meningococcus	TETU=Tetanus, unknown type
_____	____/____/____	_____	MMR=Measles, mumps, rubella	VAR=varicella
_____	____/____/____	_____	MUM=Mumps	X=Hospital defined
_____	____/____/____	_____	PER=Pertussis	Y=Hospital defined
_____	____/____/____	_____		Z=Hospital defined

If vaccinated due to exposure, enter Exposure Number _____

Vaccine Preventable Disease Immune Status

For each disease, enter the immune/vaccination status using the codes described below. The list of codes is hierarchal. If more than one evidence of immunity exists, select the first applicable code in the list (e.g., if the HCW was born before 1957 and is also serologically positive for measles, enter S):
 Measles and Mumps: S>DV>DI>BB, Rubella: S>DV, Varicella: S>DV>DI>RI

Immune Status Codes

- S** = Immune by serology
- DV** = Immune by documented vaccination
- DI** = Immune by documented illness
- BB** = Born before 1957 (only Measles/Mumps)
- SR** = Self-reported vaccination
- RI** = Not vaccinated, self-reported illness
- E** = Not vaccinated due to exemption (religious belief)
- D** = Not vaccinated due to declination
- C** = Not vaccinated due to contraindication
- U** = Not vaccinated due to other/unknown reasons
- IP** = Vaccination in progress

<u>Disease</u>	<u>Immune/ Vaccination Status</u>
Measles	_____
Rubella	_____
Mumps	_____
Varicella	_____
Pertussis	_____
Tetanus	_____ (Y/N)

Hepatitis B Codes

- I** = Not vaccinated due to previous infection/immunity
- DP** = Documented vaccination (>=3 doses) and positive anti-HBs (>=10 mlU/ml)
- DN** = Documented vaccination (>=3 doses) and negative anti-HBs (<10 mlU/ml)
- DU** = Documented vaccination (>=3 doses) and unknown anti-HBs result
- SR** = Self-reported vaccination (>=3 doses)
- OS** = Not vaccinated due to not in OSHA risk category
- E** = Not vaccinated due to exemption (religious belief)
- D** = Not vaccinated due to declination
- C** = Not vaccinated due to contraindication
- U** = Not vaccinated due to other/unknown reasons
- IP** = Vaccination in progress

Hepatitis B _____

If "DN", is the HCW a "non-responder" to Hep B vaccine*? _____ Y _____ N

* Non-responder to Hep B vaccine = HCW has had 2 complete series of Hepatitis B vaccine and is seronegative when tested within 2 months after the vaccination.

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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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