

\*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  
 FLU=Influenza  
 HBIG=Hep B Immunoglobulin  
 HBV=Hepatitis B  
 HEPA=Hepatitis A  
 MEA=Measles  
 MENG=Meningococcus  
 MMR=Measles, mumps, rubella  
 MUM=Mumps  
 PER=Pertussis  
 PNEU=Pneumococcus  
 RUB=Rubella  
 SMPX=Smallpox  
 TET=Tetanus booster  
 TETD=Tetanus Diptheria  
 TETT=Tetanus toxoid  
 TETU=Tetanus, unknown type  
 VAR=varicella  
 X=Hospital defined  
 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 mIU/ml)  
**DN** = Documented vaccination (>=3 doses) and negative anti-HBs (<10 mIU/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.

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Custom Fields

Label

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Label

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comment