

*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).

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