

INFECTIOUS DISEASE QUESTIONNAIRE

As a policy, the University of Alabama at Birmingham Hospital requires that all health care workers be protected against infectious diseases for their benefit, the safety of patients and the effective operation of the institution. Our intent is to ensure that all employees are immune to measles, mumps, rubella, chickenpox, hepatitis B, and pertussis. We require your prompt and honest answers to these questions. Deficiencies should be made up and documented now.

1. Have you received two (2) doses of measles/mumps/rubella (MMR) vaccine since your first birthday? **PLEASE ATTACH OFFICIAL DOCUMENTATION.**

YES NO If no, one or two doses (separated by at least one month) of MMR are necessary. Subsequent serologic testing is not indicated.

2. Have you had chickenpox (varicella) or received two (2) doses of varicella vaccine (VARIVAX)? **PLEASE ATTACH OFFICIAL DOCUMENTATION.**

YES NO If no, two doses (separated by four to eight weeks) of VARIVAX are necessary. Subsequent serologic testing is not indicated.

3. Are you immune to hepatitis B because of a resolved past infection or because you received three doses of vaccine and subsequently had your serologic response confirmed? **PLEASE ATTACH OFFICIAL DOCUMENTATION OF PAST INFECTION/VACCINE AND HEP B TITER.**

YES NO If no, vaccination is to be completed and/or serologic response is to be confirmed. Ideally, the titer of anti-HBs is checked two month after the third dose of vaccine. Response to this vaccine must be confirmed.

4. Have you had tuberculosis or a previous positive tuberculin skin test?

YES NO If no, a tuberculin skin test is done initially.
If yes, **PLEASE ATTACH OFFICIAL DOCUMENTATION -- DOCUMENTATION SHOULD BE FROM ORIGINAL MD/HEALTH DEPT/FACILITY WHERE YOU WERE EVALUATED AND SHOULD INCLUDE CHEST X-RAY REPORT AND DOCUMENTATION OF CHEMOPROPHYLAXIS/DECLINATION OF PREVENTIVE TREATMENT.**

5. Have you received a tetanus/diphtheria/pertussis (Tdap) vaccine within the last 10 years? **PLEASE ATTACH OFFICIAL DOCUMENTATION.**

YES NO If no, a Tdap vaccine is required and proof of vaccination must be sent to UAB Employee Health.

PLEASE PRINT

Name: _____ Program: _____

SSN: _____ Start Date: _____

DOB: _____