

Confidential Employee Medical Record

Personal Information

Name

Address

Home Phone No.

Date of Birth

Social Security Number

Vaccination/Test Record

Hepatitis B

Not Vaccinated – Offered/Declined (*Declination form must be attached*)

Currently Undergoing Series (*Copies of vaccination records must be attached*)

First Date:

Second Date:

Third Date:

Vaccinated (*Copies of vaccination records or booster record must be attached*)

Tuberculosis

Annual Test (*Current annual test results must be attached*)