

University of Utah Hospitals and Clinics
New Hire Immunization Form

Full Name (please print) _____ Job Title _____

Hospital Department/Unit _____ Employee ID Number _____

Date of Hire _____ Date of Birth _____ Gender (circle) M F

Supervisor's Name _____

To prevent delay in processing of payroll forms, please return this form and all required documentation to your hiring department prior to your first day of work

Type of Immunization or Test	Where Immunization or Test was Obtained	Date	Documentation Attached ¹	Health Care Provider Signature
TB Skin Test² within 3 mos. of hire date (record result in millimeters)			<input type="checkbox"/>	
MMR Dose #1 (or record positive titers for Measles and Rubella)			<input type="checkbox"/>	
MMR Dose #2 (or record positive titers)			<input type="checkbox"/>	
Tetanus-Diphtheria³ (within past 10 years)			<input type="checkbox"/> ³	
Hepatitis B Vaccine Dose #1 ³			<input type="checkbox"/> ³	
Hepatitis B Dose #2			<input type="checkbox"/>	
Hepatitis B Dose #3 (record titer if available)			<input type="checkbox"/>	

Please answer/complete the following questions:

- Have you ever had chickenpox?
 Yes: What Age? _____ No: Had a blood test to prove chickenpox immunity or vaccinations? Yes No
 If yes, please attach documentation¹ of immunity or immunizations.
- Do you give direct patient care or do you come in direct contact with patients, specimens or soiled equipment?
 Yes No

Please read and sign the following: University of Utah Hospitals and Clinics may verify all information listed on this form. I understand that being hired and continued employment depends on the truthfulness of this information.

Employee signature _____ **Date** _____

¹ Definition of "documentation" – photocopy of your medical record signed by your health provider.
² If this test is positive or past tests have been positive, a copy of the result of your most recent chest X-ray is required.
³ Dates of immunizations for Hepatitis B vaccine and Tetanus-Diphtheria are sufficient documentation.