



# UVA Health

## UVA Occupational Health Health Screening Form

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Home Address (street, city, state, zip code): \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

**Please indicate if you have ever had any of the following – if yes, support documentation is required.**

	Yes	No	Unknown
Varicella (Chickenpox) Vaccines or Titers			
MMR (Measles (Rubeola), Mumps, Rubella) Vaccines or Titers			
Tetanus (Td) Vaccine			
Tetanus, Diphtheria, Acellular Pertussis (Tdap) Vaccine			
Positive Tuberculin Skin Test or Positive TB Blood Test (IGRA)			
Hepatitis B Vaccines			
Hepatitis B Titers			
Diagnosed or Suspected HIV			
Yellow Jaundice/Hepatitis			
Liver Disease			

**Please indicate if you currently have any of the following:**

	Yes	No	Unknown
A reportable disease that might pose a risk to patients you'll be caring for during your job functions?			
MRSA (methicillin-resistant <i>Staph aureus</i> )			
VRE (vancomycin-resistant enterococcus)			
Seizures in the past 6 months			
Latex Allergy			
Trouble Identifying Colors			

Signature \_\_\_\_\_

Date \_\_\_\_\_