

Name :

DOB :

# WORKSITE+WELLNESS

## OCCUPATIONAL HEALTH SERVICES, LLC

### Immunization History

#### Hepatitis B

*Hepatitis B Immunity requires Three (3) doses of Engerix-B, PreHevbrio, Recombivax HB or Twinrix vaccines or 2 doses of Heplisav-B vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody test drawn 4-8 weeks after last vaccine dose. A test titer >10mIU/mL is positive for immunity. If the test result is negative, CDC guidance recommends that HCP receive one or more additional doses of Hepatitis B vaccine up to completion of a second series, followed by a repeat titer test 4-8 weeks after the last vaccine dose. If a single additional vaccine dose does not elicit a positive test result, administer additional vaccine doses to complete the second series using the schedule approved for the primary series of a given product. If the Hepatitis B Surface Antibody test is negative (<10 mIU/mL) after receipt of 2 complete vaccine series, a "non-responder" status is assigned.*

Hepatitis B Immunization Series:

|              |       |              |       |              |       |
|--------------|-------|--------------|-------|--------------|-------|
| Dose #1 date | _____ | Dose #2 date | _____ | Dose #3 date | _____ |
| Dose #4 date | _____ | Dose #5 date | _____ | Dose #6 date | _____ |

Hepatitis B Serologic Immunity:

|  |                              |  |
|--|------------------------------|--|
| Hepatitis B Surface Antibody<br>Result Date: _____ | Quantitative Result<br>_____ | Immune Status<br>_____ Immune _____ Not Immune |
|--|------------------------------|--|

- \_\_\_\_\_ Hep B Three (3) dose series records complete
- \_\_\_\_\_ Hep B titer record Positive/Immune
- \_\_\_\_\_ No vaccine records available
- \_\_\_\_\_ No Hep B serologic records available
- \_\_\_\_\_ History of Two (2) complete Three (3) dose series and Non-converotor
- \_\_\_\_\_ Never completed Hep B series
- \_\_\_\_\_ Declines Hep B 3 dose series

#### Recommendations:

- \_\_\_\_\_ None/Patient is immune to Hep B
- \_\_\_\_\_ Administer Three (3) doses Hep B vaccine, draw titer 6 weeks after 3rd dose
- \_\_\_\_\_ Labs to be drawn for Hep B immunity status
- \_\_\_\_\_ Three dose series complete/post series immunity below (<10 mIU/mL)/patient to receive a second Three (3) dose series of Hep B and repeat Hep B titer 6 weeks after 3rd dose
- \_\_\_\_\_ Patient has been administered Two (2) complete Three (3) dose series of Hep B and the patient's Hep B titer is below (<10 mIU/mL)/patient is a non-responder to Hep B vaccine. In the event of a bloodborne exposure, the patient is considered a non-converter to Hepatitis B vaccine. The patient requires Hepatitis B Immune Globulin for protection against Hepatitis B in a Bloodborne exposure.
- \_\_\_\_\_ Patient declines Hep B 3 dose series
- \_\_\_\_\_ Other \_\_\_\_\_

Comments:

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## TDaP

*Immunity to Tetanus, Diphtheria and Acellular Pertussis requires One (1) dose of adult Tdap. If last Tdap is more than Ten (10) years old, provide dates of last Td and Tdap*

TDaP Vaccine:

Date of last TDaP or TD Vaccine

- ☐ TDaP vaccine is up to date  
☐ Last TDaP >10 years  
☐ TDaP vaccine record unavailable

Recommendations:

- ☐ None/Patient is up to date on TDaP  
☐ Administer One (1) dose of TDaP

Comments:

## MMR

*Immunity to Measles, Mumps & Rubella requires Two (2) doses of MMR vaccine per CDC vaccine guidelines OR serologic proof of immunity.*

MMR Vaccine Series:

Dose #1 Date

Dose #2 Date

Serologic Immunity (IgG antibody titer):

Measles IgG  
Result Date: \_\_\_\_\_

*Quantitative Result*  
\_\_\_\_\_

*Immune Status*  
\_\_\_\_\_ Immune \_\_\_\_\_ Not Immune

Mumps IgG  
Result Date: \_\_\_\_\_

*Quantitative Result*  
\_\_\_\_\_

*Immune Status*  
\_\_\_\_\_ Immune \_\_\_\_\_ Not Immune

Rubella IgG  
Result Date: \_\_\_\_\_

*Quantitative Result*  
\_\_\_\_\_

*Immune Status*  
\_\_\_\_\_ Immune \_\_\_\_\_ Not Immune

- ☐ MMR 2 dose series records complete/Immune  
☐ Measles IgG titer record positive/Immune  
☐ Mumps IgG titer record positive/Immune  
☐ Rubella IgG record positive/Immune  
☐ No vaccine records available  
☐ No MMR serologic records available

Recommendations:

- ☐ None/Patient is immune to MMR  
☐ Administer Two (2) doses MMR vaccine  
☐ Labs to be drawn for MMR IgG status  
☐ Other \_\_\_\_\_

Comments:

Date :

W+W/Vaccine History 2

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## Varicella

*Immunity to Varicella requires Two (2) doses of vaccine OR positive Varicella IgG serology according to the CDC. Stated history of chicken pox does not meet the CDC requirements for varicella immunity in healthcare providers/first responders.*

Varicella Vaccine Series:

Dose #1 Date

Dose #2 Date

Serologic Immunity (IgG antibody titer):

Varicella IgG  
Result Date: \_\_\_\_\_

*Quantitative Result*  
\_\_\_\_\_

*Immune Status*  
\_\_\_\_\_ Immune \_\_\_\_\_ Not Immune

- \_\_\_\_\_ Varicella Two (2) dose series records complete/Immune
- \_\_\_\_\_ Varicella IgG titer record positive/Immune
- \_\_\_\_\_ No vaccine records available
- \_\_\_\_\_ No Varicella serologic records available

Recommendations:

- \_\_\_\_\_ None/Patient is immune to Varicella
- \_\_\_\_\_ Administer Two (2) doses Varicella vaccine
- \_\_\_\_\_ Labs to be drawn for Varicella IgG status
- \_\_\_\_\_ Other \_\_\_\_\_

Comments:

Date:

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