

INFECTIOUS DISEASE AND IMMUNIZATION HISTORY

Disease	History of the Disease		Immunization		*Proof of Immunization or Immunity?	
	Yes-Date	No	Yes-Date	No	Yes	No
Hepatitis A						
Hepatitis B						
Hepatitis C						
**Measles						
**Mumps						
**Rubella						
Tuberculosis						
**Varicella (Chickenpox)						

Directions to the Employee Health Nurse

Following consultation with the newly hired associate, assist the associate with checking Yes or No and providing the Date, when applicable, in the table above.

*Written documentation is proof of immunization or immunity.

**If No is checked for History of the Diseases and/or for Immunization, the associate is advised to notify the supervisor and avoid exposure to residents with the following:

- Measles – until 7 days after the resident’s rash appears
- Mumps – until 9 days after onset of parotitis
- Rubella – until 5 days after the resident’s rash appears
- Varicella (Chickenpox and shingles) – until all lesions are dry and crusted (usually about 5 days)

Signature of Associate	Date
Signature of Employee Health Nurse	Date