Penn Medicine

Immunization & TB Screening Checklist (Observers)

Please print clearly

Name: Last, First, MI	**Cell Phone#:**
Department: Radiation Oncology	**Date of Birth:**
Work location (*circle all that apply*): **HUP** **PCAM** **Pavilion** **PAH** **PPMC** **Off-site** **Other:**	

All information must be completed in order to process this form

If you have any questions, contact HUP Occupational Medicine at 215-662-6141

This form must be signed by your healthcare provider, or alternatively you can attach copies of any immunization records or titers listed below, including your CDC COVID Vaccination Card

Measles (Rubeola), Mumps & Rubella

Immunizations & Dates: Please check all that apply & date	☐ Positive Titers	☐ MMR Vaccine	☐ Measles Vaccine	☐ Mumps Vaccine	☐ Rubella Vaccine
	Measles Date:	Date #1:	Date #1:	Date #1:	Date:
	Mumps Date:	Date #2:	Date #2:	Date #2:	n/a
	Rubella Date:	Other Information:			

Immunizations & Dates: Please check all that apply & date	**Varicella (Chicken Pox)**		**COVID-19**	
	☐ ELISA Titer	☐ Varicella Vaccine	☐ Dose 1; Vaccine name:	Date:
	Date:	Date #1:	☐ Dose 2; Vaccine name:	Date:
	Result:	Date #2:	☐ Booster; Vaccine name:	Date:
	Other Information:		Other Information:	

Immunizations & Dates: Please check all that apply & date	**Hepatitis B**		**Tdap**	**Seasonal Flu** *(Aug 1 – Jun 15)*
	☐ Hep B Surface Antibody Titer	☐ Hepatitis B Vaccine	☐ Tdap Vaccine	☐ Influenza Vaccine
	Date:	Date #1:	Date:	Date:
	Result:	Date #2:	Other Information:	Other Information:
	Other Information:	Date #3:		

TB Screening

Tests & Dates: Please check all that apply & date	☐ Negative PPD	☐ Negative Quantiferon Gold	☐ Negative T-Spot	☐ Chest X-Ray
	Date Administered:	Date: *Must be within three months of start date*	Date: *Must be within three months of start date*	Date & Result:
	Date Read:			*Only needed if prior positive PPD, QG or T-Spot*
	Other Information:			

Healthcare Provider Name *(please print)*:	Date:
Healthcare Provider Signature:	
Healthcare Provider License#:	

Return completed form to OccMedNewHire@pennmedicine.upenn.edu or fax to 215-662-0392

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