

**STAFF IMMUNISATION RECORD**

HRN.....

**PLEASE ANSWER ALL QUESTIONS.**

<b>Surname Name</b>	<b>Other Names</b>	<b>DOB / /</b>	
<b>Residential Address</b>		<b>Telephone</b>	
<b>Occupation</b>		<b>Area employed in</b>	
<b>Do you have any allergies ?</b>			
<b><u>Childhood Diseases</u></b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>
<b>D = disease</b>	.....	.....	.....
<b>V= vaccination</b>	.....	.....	.....
<b>U = unknown</b>	.....	.....	.....
<b>Year:</b>	.....	.....	.....
<b><u>Childhood Immunisation</u></b>			
	<b>Triple Antigen</b>	Yes/No/Unknown	
	<b>Sabin (polio)</b>	Yes/No/Unknown	<b>Booster, year?.....</b>
<b><u>Tetanus and Diphtheria</u></b>			
	<b>Adult Diphtheria &amp; Tetanus</b>	<b>Diphtheria Toxoid</b>	<b>Tetanus Toxoid</b>
<b>U = unknown</b>	.....	.....	.....
<b>Booster given, year ?</b>	.....	.....	.....
<b><u>TB ASSESSMENT IS COMPULSORY</u></b>			
<b>Mantoux</b> (in the last 12mths)	Year .....	Result.....	Not Known.....
<b>BCG</b>	Year .....		
<b>Last Chest X'Ray</b>	Year .....	Where taken .....	
<b><u>Hepatitis A Vaccination</u></b>		<b><u>Hepatitis B Vaccination</u></b>	
Full course completed	yes/no	Full course completed	yes/no
Year .....		Year .....	
Partial Course?		Partial Course?	
1st Date .....		1st Date .....	
2nd Date .....		2nd Date .....	
<b>Have had the disease?</b> yes/no		<b>Post Vaccination Antibody?</b>	
		Pos/Neg/Unk/Not tested	
		<b>Hep B Booster, year?.....</b>	
		<b>*Hepatitis B boosters are recommended 5 yearly.</b>	

Signature .....

Date.....

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION, OR COMPLETE AND RETURN ON SIGN ON DAY. FAILURE TO DO SO COULD RESULT IN DELAYED STARTING DATE.**

(staffimm97)