

Physician's Statement and Vaccination Record

Patient's Full Name _____ Date _____

It is the responsibility of the applicant to have their physician complete and sign this section.

PHYSICIAN TO COMPLETE THIS SECTION

- TB**
 PPD Skin Test (required yearly) Date: _____ Results: _____
 OR Chest X-Ray (required if TB-Positive) Date: _____ Results: _____
- MMR** Booster 1) _____ 2) _____
1 MMR required prior to Birthdate of 1957, 2 MMR required after Birthdate of 1957
 OR Mumps Titre Date: _____ Results: _____
 Rubella Titre Date: _____ Results: _____
 Rubeola Titre Date: _____ Results: _____
- Varicella** (chicken pox)
Varicella Titre Date: _____ Results: _____
 OR: Varivax Date: _____
 OR Immunity by History of Disease Date: _____
- Hepatitis B**
 Vaccine #1 Date _____ #2 Date _____ #3 Date _____ Booster Date _____
 OR Hepatitis B Titre Date: _____ Results: _____
 OR Hepatitis B Declination (Sign Below) Date: _____

Please submit supporting documentation of immunization records and all lab results
 I have examined the individual named above, and to the best of my knowledge, he/she is in good physical and mental health, free of communicable diseases and is able to function in his/her profession in full capacity. By signing below I certify that the above documentation is valid.

Physician's Signature _____ Date _____
 Printed Name _____ Lic # _____

Hepatitis B Vaccination Declination¹ – Please complete Bloodborne Training before signing

I, _____, understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that, by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I acknowledge, understand, and accept this Agreement/Statement. Signature _____ Date _____

1. This is a regulatory requirement under 29CFR 1910.1030. If you decline the vaccination and refuse to sign the Declination paragraph, your offer will be withdrawn or your assignment will be terminated

OR

Hepatitis B Vaccination Acceptance – Please complete Bloodborne Training before signing

I, _____, choose to receive the Hepatitis B vaccine offered by On Assignment¹ in accordance with the OSHA Bloodborne Pathogen Standard 29CFR 1910.1030(f)(2)(i). I understand that administration of the vaccine may cause side effects, and under certain conditions is not medically advised. I have consulted with a physician and have determined that it is appropriate for me to receive the vaccine based on my potential exposure. I release On Assignment and its employees from any liability in connection with the administration of this vaccine.

I understand that this procedure is a series of three shots. The second dose is to be administered 30 days after the initial dose, and the third dose is to be administered six months after the initial dose. All three shots are required to complete the vaccination process. If I am not employed by On Assignment when the other shots are due, it will be my responsibility to see that they are completed. I also understand that the vaccine may lose its effectiveness over time and may require periodic booster shots. These are also my responsibility if I am not employed by On Assignment.

I acknowledge, understand, and accept this Agreement/Statement. Signature _____ Date _____

¹ "On Assignment" includes On Assignment Staffing Services, Inc., On Assignment, Inc. and/or its divisions and affiliated companies.