

VENDOR HEALTH RECORD FOR PATIENT CARE AREAS

All vendors who work in patient care areas should provide evidence of vaccinations.

NAME: _____

COMPANY NAME: _____

Evidence of TB Skin Test* _____
Date *Must be provided annually.

Hepatitis B Vaccination Series Completed ___ Yes ___ No

Rubella/Rubeola Immunity: _____

Varicella (Chicken Pox) _____ History of Chicken Pox

_____ Date Vaccination Received

Record Completed: _____
Employee Health Nurse