

UW Medicine

NORTHWEST HOSPITAL & MEDICAL CENTER

Welcome to Northwest Hospital & Medical Center

Please help us smooth your transition into the NWH&MC family.

Immunization and Infection History:

Your history of immunizations and past infections will guide us in offering you immunizations and may be important if you are exposed to infection during employment. This information is maintained in your confidential Employee Health record and is not a part of your personnel record. None of this information is used for employment decisions such as hiring, termination, or promotion.

Please provide a copy of proof of immunity (immunizations or antibody testing) to Employee Health Services for the diseases listed below.

- Tuberculosis (Skin tests, blood tests, and any chest x-rays related to a positive Test)
- Varicella (chicken pox)
- Measles/Mumps/Rubella
- Hepatitis B
- Tetanus/Diphtheria/Pertussis
- Influenza

Please contact your former employers or providers for documentation if necessary.

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Name _____ Birth Date _____ Hire Date _____

Personal Phone _____ Dept. _____ Position _____

Allergies _____

To prevent exposure of patients and other Staff to communicable diseases, we request that you report to OH Staff (call 206.368.1820) directly should you develop any of the following conditions

- Viral Hepatitis (you or your immediate family)
- Parasitic infections (you)
- Measles, Rubella, Chicken Pox, or Herpes Zoster (Shingles) (you or your immediate family)
- Salmonella, Shigella, Campylobacter, or Yersinia infections (you or your immediate family)
- Tuberculosis
- Staphylococcal infections such as boils
- Streptococcal infections such as Strep Throat, Scarlet Fever
- Oral Herpes infections (Cold Sore or Fever Blisters) or Whitlow (Herpes of the hand)
- Scabies
- Body lice
- Skin rash, lesions, or dermatitis
- Fever (while at work or if missing work)
- Conjunctivitis or red eyes
- Gastrointestinal illness including diarrhea or vomiting (while at work or if missing work)
- Respiratory illness (while at work or if missing work)
- Immune suppression.

I certify that the above responses are accurate and acknowledge my reporting duties described above.

Signature _____ Date _____