



Therapeutic
Resources

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Health Questionnaire

NAME: _____ DATE: _____

Childhood Diseases	Yes/No	Year	Had Immunization
Measles			
Mumps			
Varicella			
Scarlett Fever			
German Measles			

When was your last Tetanus vaccine: _____ Year _____

Have you ever had a Positive TB skin reaction test? _____ Yes _____ No

Have you ever received the Hepatitis B Vaccine?

_____ Yes, I have already received the vaccination series and have proof of immunity to Hepatitis B. Please sign below and provide documentation.

_____ No, I have not received the vaccination series and I decline to accept it at this time. In understand that due to the risk of occupational exposure to blood or other potentially infectious materials in my job, I may be at risk of acquiring hepatitis B virus infection. I understand that by declining this vaccine, I continue to have occupational exposure to blood or other potentially infectious material and, if at anytime, I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge. Please sign below.

I certify the above answers given by me are correct to the best of my knowledge.

Signature _____ Date: _____



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PHYSICAL STATEMENT & HEALTH STATUS

I, _____, do hereby authorize _____
CLIENT NAME PHYSICIAN NAME

to release any information acquired during my medical examination to Therapeutic Resources. I also authorize Therapeutic Resources to release any information on this statement, relevant to employment, to any of its client facilities.

CLIENT SIGNATURE _____ **DATE**

Does this client have any latex allergies: Yes No

I have examined the patient and determined that this person is in good physical and mental health, has no signs or symptoms of communicable diseases, and is able to function and perform all job duties without any physical limitations in his/her profession at full capacity.

SIGNATURE **TITLE OF PROVIDER** (PLEASE CIRCLE)
MD, DO, NP, PA, CNM

PRINTED NAME _____ **LICENSE NUMBER** _____ **DATE**

OFFICE ADDRESS:

(PLEASE PRINT)

Street: _____

City _____ State _____ Zip _____

Office Telephone Number: _____ Office Fax: _____



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HEPATITIS B VACCINATION INFORMATION SHEET

HEPATITIS B: A MAJOR HAZARD

Hepatitis B is an infection of the liver caused by the Hepatitis B virus. The virus is found in blood and other body fluids. Hepatitis B can disable a person for weeks or months and lead to complications. Some people who get infected with the Hepatitis B virus become chronic carriers capable of spreading the disease to others. This group usually has the greatest potential for developing long-term complications, such as chronic active hepatitis, chronic persistent hepatitis, cirrhosis, and primary cancer of the liver.

UNDERSTANDING HEPATITIS B: THE COURSE IT TAKES

Hepatitis B is far more contagious than AIDS. There is a greater chance of contracting Hepatitis B from needlesticks (up to 30 times greater), and it can live longer outside the body than the AIDS virus. While both viruses are found in blood, Hepatitis B is more concentrated in blood than AIDS.

Hepatitis B is spread primarily through blood and body fluids that contain blood. In the workplace, the disease can be contracted through needlesticks or other punctures, through open wounds, or breaks in the skin, or through splashes of body fluids to mucous membranes.

Health care workers, especially those who are exposed to blood frequently, are at significantly greater risk of acquiring Hepatitis B than the general population.

CHOOSE TO BE VACCINATED

Recombivax HB is a safe and effective vaccine used to prevent Hepatitis B. Recombivax HB is a non-infectious viral vaccine produced in yeast cells. Recombivax is not manufactured from any blood products. There have been no documented cases of anyone acquiring Hepatitis B from the vaccine.

As with any vaccine or other medications, you could experience some side effects. The most common is a local reaction at the injection site. Recombivax is a series of three injections given in the muscle of the upper arm. Some people have reported soreness, redness and swelling at the site of injection. Some people have also experienced one or more of the following flu-like symptoms: headache, fever, chills, fatigue, achiness, nausea, abdominal cramping and diarrhea.

Women: Because pregnancy risks are unknown, vaccination of pregnant employees should be determined only on the advice of the employee's personal physician. If a pregnant employee chooses to be vaccinated, the child's father must also give consent.

Recombivax HB consists of three dose of vaccine given according to the following schedule:

- 1st dose: at elected date
- 2nd dose 1 month later
- 3rd dose: 6 months after 1st dose

The Centers for Disease Control recommends that anyone who has routine contact with blood or body fluids should be vaccinated.