

# HONORHEALTH Military Partnership

## Military Health Form - Infectious Disease Screening & Immunization Status

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL PARTICIPANTS** involved with patient care and activities at Honorhealth Scottsdale Osborn Medical Center, Scottsdale, AZ **must have a tuberculin skin test within 12 months** of the Annual Tour out processing date. If a participant has had a positive tuberculin test, he/she must provide a negative chest x-ray report. The initial negative report will suffice. In the interest of protecting patients and staff, Honorhealth requires that all Military Partnership Program participants provide this information no later than 90 days before the start date.

### **TB TESTING: Check one of the following:**

- I receive annual tuberculosis skin testing and I am tuberculosis skin test negative  
**Test results from any source are acceptable in order to avoid repeat skin testing.**

Date of TB test: \_\_\_\_\_  
(Month / Day / Year)

- Positive PPD, negative chest x-ray, no symptoms suggestive of tuberculosis (answer questions below)

#### **Are you currently experiencing?**

- Unexplained productive cough?  Yes  No
- Hemoptysis?  Yes  No
- Unexplained weight loss or increased fatigue?  Yes  No
- Arriving within the last 5 years from a foreign country?  Yes  No
- Have any TB associated risk factors?  Yes  No
- Have you ever received the BCG vaccine?  Yes  No

### **IMMUNIZATION STATUS**

- Hepatitis B — 3 vaccination series  Yes  No or Positive Titer  Yes  No
- MMR — 2 vaccination series  Yes  No or Positive Titer  Yes  No
- Varicella (Chicken Pox) — 1 vaccination  Yes  No or Positive Titer  Yes  No
- Tdap booster (w/i 10 years)  Yes  No
- I received the annual seasonal flu vaccination on \_\_\_\_\_.

I certify that \_\_\_\_\_ is current in all Honorhealth Military Partnership program requirements and is free of communicable diseases including infectious tuberculosis.

\_\_\_\_\_  
Signature of Health Form Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Health Form Reviewer (Please print)