

Military Health Form – Infectious Disease Screening & Immunization Status

NAME: _____ DATE: _____

All Honorhealth Military Partnership Trauma Training participants involved with patient care and activities **must have a tuberculin skin test within 12 months** of the Trauma Training course out processing date. In the interest of protecting patients and staff, Honorhealth requires that all Military Partnership Program participants provide this information no later than 60 days before the start date.

TB TESTING: Check one of the following:

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

Date of TB test: _____
(Month / Day / Year)

Positive PPD – 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. Additionally, please answer the questions below to indicate no symptoms suggestive of tuberculosis.

Are you currently experiencing?

Unexplained productive cough?	Yes	No
Hemoptysis?	Yes	No
Unexplained weight loss or increased fatigue?	Yes	No
Did you arrive from a foreign country within the last 5 years?	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) or Positive Titer:	Yes	No
MMR (2 vaccination series) or Positive Titer:	Yes	No
Varicella (1 vaccination) or Positive Titer:	Yes	No
Covid vaccination:	Yes	No
Annual seasonal flu vaccination date:		
Tdap booster date:		

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)