

Health Information Form:

I understand that for my safety and the safety of the pediatric patients in this healthcare setting it is important for me to complete the following health history information.

I must **provide documentation** of the following:

Chickenpox (Varicella): (Vaccination OR Positive IgG Titer)	Two Varivax vaccines (at least 28 days apart)	#1	#2	
	OR serological proof of immunity (positive varicella IGG titers)	/		
MMR (Measles, Mumps and Rubella): (Vaccination OR Positive IgG Titer)	Two MMRx vaccines (at least 28 days apart)	#1	#2	
	OR serological proof of immunity (positive IGG titers for each)	/		
TB: (Skin Test OR IGRA within last 12 months)	Skin test (within last 12 months)	result:mm		
	OR IGRA blood assay test (e.g. Quantiferon Gold or T Spot) (within last 12 months)	result:		
Tetanus/diphtheria/ acellular pertussis- (Tdap): (Adult formulation-Adacel or Boostrix) (usually given around age 11-12 years of age.)	/			

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Completion of this document is REQUIRED of Observer

Hepatitis B: (Immunization AND Titer OR waiver)	#1/	#2	#3	### And Titer
Influenza: (Proof of vaccination during the flu season as defined by Children's Mercy.)	/			
Information about Children's Mercy for Non- Employees, Vendors and Affiliates Brochure: (Please contact the Designated Student Coordinator for access to this brochure.)	Attestation Statement signed and received:			
COVID-19: (Not required. Recommended)	#1// #2/ Manufacturer:	Additional Doses: // Manufacturer:/ Manufacturer:/ Manufacturer:/		
Any additional vaccination requirements: (Please contact the Designated Student Coordinator for more information.)				

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