



Samaritan Health Services



Non-Employee Medical Information Form

Name: _____ Phone # _____ Email: _____

It is the responsibility of the student to have these immunizations completed prior to first day of their rotation. Documentation (immunization card or physician records) or serologic proof of immunity is required for all tests and immunizations.

MMR: _____ (Date) 2nd MMR: _____ (Date)

OR

Rubella Titer: _____ + or - _____ (Date) Rubeola Titer: _____ + or - _____ (Date) Mumps Titer: _____ + or - _____ (Date)

Hepatitis B Vaccine

1st Dose: _____ Institution: _____

2nd Dose: _____ Titer Date: _____ Result: _____

3rd Dose: _____

I have read the student HBV Immunization guidelines and choose not to have the vaccine: _____ (Signature)

Varicella Dates of vaccine: #1 _____ OR Varicella Titer _____ + or - _____ #2 _____

OR Physician documented disease or physician documented herpes zoster

Tetanus, Diphtheria, and Pertussis

Tdap _____ (Date)

TB Skin Test Date: _____ mm/Induration _____ Must be within last 12 months

Have you ever had a positive TB test? Y/N _____

If yes, please complete TB Risk Factor Screening form.

If yes, please attach last chest x-ray report _____

Have you ever completed preventative drug therapy (INH)? If yes, in what year? _____

I attest the information provided is true, complete, and accurate to the best of my knowledge:

(Signature of student) (Signature of parent if student is under 18) (Date)

(Signature of SHS representative) (Title/Dept) (Date)

Please Return to: Skip Panter Office of Medical Education 3600 NW Samaritan Drive Corvallis OR 97330