**Employee OSHA Medical Record**

***COMPLETE ENTIRE FORM – IT WILL BE SECURED IN YOUR FILE***

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name: |  |  |  |
| Employee’s Address: |  |  |  |
| Job Title: |  | SSN: |  |
| Date Hired: |  | Date Separated: |  |

**VACCINATION HISTORY*:***

*Include a copy of vaccination certificate or other verification of vaccination.*

|  |  |  |
| --- | --- | --- |
| **Vaccination** | **Date** | **Administered by** |
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**BLOODBORNE EXPOSURE INCIDENT HISTORY**

*List dates and brief description of incident and/or attach copies of all Bloodborne Exposure Incidents and Sharps Injury Reports if available*.

|  |  |
| --- | --- |
| **DATE** | **DESCRIPTION OF BLOODBORNE EXPOSURE INCIDENT** |
|  |  |
|  |  |
|  |  |

**RESULTS OF POSTEXPOSURE FOLLOW-UP PROCEDURES:**

*Enter dates the reports were received and attach all information regarding the exposure incidents provided to this facility. Confidentiality requires that only the employee is informed of the results of post-exposure blood tests.*

|  |  |
| --- | --- |
| **DATE REPORT****RECEIVED** | **LIST DATE EMPLOYEE WAS ADVISED OF RESULTS AND OTHER INFORMATION RELATED TO THIS INCIDENT, INCLUDING RECOMMENDATIONS FOR COUNSELING AND POSTEXPOSURE PROPHYLAXIS** |
|  |  |
|  |  |
|  |  |

**TUBERCULOSIS STATUS**

1. *Do you now or have you ever had tuberculosis? Yes/ No – If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. *Have you ever had a positive mantoux (TB) test? Yes/ No – If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Has any member of your family had (or have you been exposed to a person with) tuberculosis? \_\_\_\_\_\_\_*

*NOTE: OSHA REQUIRES THAT THIS INFORMATION BE MAINTAINED FOR 30 YEARS PLUS THE EMPLOYEE’S TERM OF EMPLOYMENT. KEEP ALL MEDICAL RECORDS IN A CONFIDENTIAL FILE.*

**DO NOT DISCARD OR DESTROY THESE RECORDS BEFORE JANUARY 1, 20\_\_ \_\_**