

Effective Date: 4/3/17

**IMMUNIZATION SCREENING STATEMENT  
ADM – 067.5 Attachment E**

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

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

Instructions: Please fill out this screening statement and **provide proof (documentation) of immunizations** records.

I have received the vaccinations for the following diseases, or had these diseases:

- Measles
- Mumps
- Rubella (German measles)
- TDAP (within the last 5 years)

***TUBERCULOSIS SCREENING STATEMENT***

I have received a Mantoux (PPD) or chest film, if appropriate, within the past twelve (12) months with the following results:

- The results were negative for tuberculosis.
- The results were a new positive for tuberculosis and I am currently being treated for tuberculosis and have been evaluated by a physician and followed that physician's recommendations.
- The results were a new positive for tuberculosis, but I do not have an active case of tuberculosis.
- I did not have repeat skin testing since I have been positive by Mantoux (PPD) in the past and have been evaluated by a physician and followed that physician's recommendations.

I declare that the information on this form is true and without omission to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_