

Would you please fill in the boxes below by answer the following questions?

All staff members who have direct contact with resident's blood or other potentially infectious body fluids or tissue, should be immunized against the followings

Have you been immunized against Hepatitis B: Date:
Have you been immunized against Tetanus: Date:
Have you been immunized Polio: Date:
Have you been immunized against TB: Date:

I agree to give the above information

Print and sign your name:

Name.....sign.....date.....

I do not agree to give the above information

Print and sign your name:

Name.....sign.....date.....

Thank you