

Oklahoma Department of Corrections Employee Medical Screening Form

Employee's Name (PRINTED)

Facility/District/Unit

IMMUNIZATION HISTORY		Yes	No	Date (If Known)
Have you received the following immunizations:				
1. Measles				
2. Hepatitis B If "yes" circle the number of Hepatitis B vaccines you received: 1 2 3				
3. Tetanus				

TUBERCULOSIS HISTORY		Yes	No	Date (If Known)
1. Have you ever received a PPD skin test in the past? If "Yes" what were the results?				
2. Have you ever taken TB medication or been treated for tuberculosis infection or active disease in the past? If "Yes" where were you treated? _____				

Employee's Signature

Date

DOC 140116A
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