

**OCH Volunteers
Personal Information Sheet and Infection Control Form**

Name _____

Address _____

Phone _____ Cell phone _____

Social Security # _____ Today's Date _____

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____ Work # _____

Home # _____

Name _____ Relationship _____

Address _____ Work # _____

Home # _____

Health History:

General Health is: ___ Excellent ___ Good ___ Fair
(Please Check One)

Do you have any major health problems? ___ Yes ___ No

If yes, please list:

Have you had chicken pox? ___ yes ___ no

IF YOU WERE BORN IN 1957 OR AFTER, have you had your complete series of measles, mumps and rubella vaccines? ___ Yes ___ No

For Office Use Only:

TB SKIN TEST MUST BE READ IN 48 TO 72 HOURS

TB Skin Test	Date Done _____	By _____
	Location _____	Brand Name _____
	Exp. Date _____	Lot # _____
	Date Read _____	By _____
	Results _____	

The information is considered confidential and will be retained in the Employee Health Department in a restricted file.