



Health Status Letter

I understand that in performing my job duties that I may be at risk for exposure to Hepatitis B virus (HBV) infection or Tuberculosis. I received a PPD/TB 2-step skin test or TB Quantiferon at no cost to myself.

- I am declining the Hepatitis B Virus (HBV) vaccination

- I am declining both the Hepatitis B Virus (HBV) vaccination and the Tuberculosis 2 – Step Mantoux

- I received the Hepatitis B Virus (HBV) vaccination on _____

- I received the Tuberculosis 2 – Step Mantoux part 1 on _____
I received the Tuberculosis 2 – Step Mantoux part 2 (21 days later from 1st one)
on _____

- I received the TB Quantiferon on _____

- I received CHEST X-RAY on _____

****MUST HAVE COPY OF MD READING

(Printed Name of Employee)

(Signature of Employee)

Date