

**STATE OF ALASKA**

**DEPARTMENT OF CORRECTIONS**

**Employee Medical – Immunization and PPD Record  
(KEEP FOR 30 YEARS AFTER TERMINATION OR RETIREMENT)**

Name	Last	First	M.I.	Birthdate:		
				DD	MM	YY
SS#:		Location:				
Date of Hire:		Termination Date:		Rehire?	YES	NO

**HEPATITIS B:**

Date of Hepatitis B vaccine:

Date	Location
#1) _____	1. _____
#2) _____	2. _____
#3) _____	3. _____

Prior vaccination date:

Location: \_\_\_\_\_

**TB: DATES AND RESULTS OF PPD:**

Date	Results	Date	Results	Date	Results
1. _____	_____	8. _____	_____	15. _____	_____
2. _____	_____	9. _____	_____	16. _____	_____
3. _____	_____	10. _____	_____	17. _____	_____
4. _____	_____	11. _____	_____	18. _____	_____
5. _____	_____	12. _____	_____	19. _____	_____
6. _____	_____	13. _____	_____	20. _____	_____
7. _____	_____	14. _____	_____	21. _____	_____

**TB: Dates and results of screenings by private physician or PHN for persons with previous positive or documented TB.**

Date	Results	Date	Results	Date	Results
1. _____	_____	8. _____	_____	15. _____	_____
2. _____	_____	9. _____	_____	16. _____	_____
3. _____	_____	10. _____	_____	17. _____	_____
4. _____	_____	11. _____	_____	18. _____	_____
5. _____	_____	12. _____	_____	19. _____	_____
6. _____	_____	13. _____	_____	20. _____	_____
7. _____	_____	14. _____	_____	21. _____	_____

(If this individual has a positive skin test & screening, clearance must be obtained from a private physician or a Public Health Nurse)  
Results of all PPD's are all to be recorded in mm.

- |                 |                |                                       |
|-----------------|----------------|---------------------------------------|
| 00 - 4mm        | - negative     | - repeat in 1 yr.                     |
| 5mm - 9mm       | - questionable | - repeat PPD in 3 weeks               |
| 10mm or greater | - positive     | - refer to PMD or Public Health Nurse |

Two-step testing will be does 1 week on persons who are over 40 and have had a PPD in the past 5 years. Questionable results will be repeated in 3 weeks. Negative results will be repeated yearly.

Attach the following to this form:

1. Copies of Workman's Comp. Report
2. Copies of all lab reports and exams Report
3. Copy of informed consents/refusals

See back of page for additional comments.