

11. Immunization history	Date Received
Tetanus	_____
<i>It is highly recommended your immunizations be kept current, especially Tetanus.</i>	
Rabies	_____
Hepatitis B series	_____
BCG	_____
Tuberculosis PPD Result + / -	_____

12. Do you have or have you ever had:

Medication allergy/sensitivity	Yes ___ No ___
List _____	
Food allergy/sensitivity	Yes ___ No ___
List _____	
Hay fever	Yes ___ No ___
Asthma	Yes ___ No ___
Insect / Animal / Plant Allergies	Yes ___ No ___
List _____	
Skin tests for allergies	Yes ___ No ___
List _____	
Tuberculosis	Yes ___ No ___
Hepatitis	Yes ___ No ___
List type and for how long regardless if A, B, or C _____	

13. Do you have any chronic illness (e.g., high BP, diabetes)? Yes ___ No ___

List _____

14. Are you currently taking prescription/over-the-counter medications? Yes ___ No ___

List _____

15. Are you pregnant or planning to become pregnant this academic school year?

N/A ___ Yes ___ No ___

16. Do you want to talk to an Occupational Healthcare Specialist? Yes ___ No ___

Signature _____ Date _____

Return completed form to: **Occupational Health; Fallon Clinic**
630 Plantation Street
Worcester, MA 01605