

DHR HEALTH DISTRICT 2

DOCUMENTATION OF REQUIRED IMMUNIZATIONS/TEST

Employee: _____

Position: _____

Supervisor: _____

The immunization/s and test required for this position are listed below:

Category 1 _____

- **Rubella**
- **Hepatitis B**
- **Tuberculin Skin Test**

Category 2 _____

- **Rubella**
- **Tuberculin Skin Test**

Send this form with records of the Tuberculin Skin Test, immunization/s or proof of immunity, and appropriate signed waivers to the District Personnel Office within 3 months of employment.

Your response date is: _____