



**EMPLOYEE HEALTH/IMMUNIZATION RECORD  
WINDSOR ELMS VILLAGE  
Falmouth, N.S.**

Employee: \_\_\_\_\_

Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_(yyy/mmm/ddd)

I would like to review the following questions. These questions are related to past Health and Immunization Status. This information will be kept confidential and will be part of your Employee Health/Immunization Record. All answers are voluntary. The Employee Health/Immunization Record helps keep track of individual testing, immunizations, and vaccinations done within the Windsor Elms for each employee and a copy of these records is available for that specific employee upon request.

<u>Health History</u>	<u>Significant Allergies</u>
Childhood Illness? Yes No	
Measles                    ___ ___	
Chicken Pox                ___ ___	
Mumps                      ___ ___	

Have you had the following Vaccinations/Immunizations?  
Please check yes or no & indicate approximate date.

	<b>Yes</b>	<b>No</b>	<b>Date</b>
Influenza Vaccination?	_____	_____	Most Recent: _____
Pneumovax Vaccine?	_____	_____	_____
Mantoux Testing? (Tuberculosis testing)	_____	_____	1 or 2 step method? _____ Result: _____
Varicella Vaccination? (Chickenpox)	_____	_____	_____
Tetanus/Diphtheria? (since childhood)	_____	_____	Most Recent: _____
Hepatitis B Immunization?	_____	_____	_____

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_