

**STEP 1 – To be completed by Employee:**

Employee's Name: \_\_\_\_\_  
First Middle Last

Last 5 of SSN: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

Email Address: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

College/University: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Role at Prisma Health (check all that apply):  Faculty  Student

**Release:**

I agree to allow Prisma Health Employee Health to provide data regarding my immunization history for the purpose of student/faculty clearance.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STEP 2 – Submit directly to your specific Employee Health office at:**

[EmployeeHealth.Upstate@prismahealth.org](mailto:EmployeeHealth.Upstate@prismahealth.org) or [EmployeeHealth.Midlands@prismahealth.org](mailto:EmployeeHealth.Midlands@prismahealth.org)

**STEP 3 – To be completed by Prisma Health Employee Health Representative:**

I acknowledge the following:

- The employee's immunizations are current as required by Prisma Health policy.
- The employee's immunization source documents are available for review within 2 hours of a request from Prisma Health personnel for auditing purposes only.

**Please provide dates for immunizations in (MM/DD/YYYY) format.**

- 1. TB Screening:** \_\_\_\_\_  
Step #1 & Step #2 OR Annual OR Negative OR Negative  
Place Date Place Date Place Date Blood Test Chest X-ray
- 2. MMR:** \_\_\_\_\_  
1<sup>st</sup> Vaccine & 2<sup>nd</sup> Vaccine OR Measles Titer & Mumps Titer & Rubella Titer
- 3. Hepatitis B:** \_\_\_\_\_  
1<sup>st</sup> Vaccine & 2<sup>nd</sup> Vaccine & 3<sup>rd</sup> Vaccine OR Positive OR Date of  
(if HepB/C enter "N/A") Titer Declination
- 4. Varicella:** \_\_\_\_\_  
1<sup>st</sup> Vaccine & 2<sup>nd</sup> Vaccine OR Positive Titer
- 5. Flu:** \_\_\_\_\_ **6. Tdap (if available):** \_\_\_\_\_  
Latest Flu Vaccination Last Adult Dose

**Prisma Health Employee Health Representative Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**STEP 4 – Please email completed form back to employee in PDF format.**