



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Occupational Health – Observer Attestation Form

In order to promote and maintain a safe environment for our employees and patients, all prospective observers must complete this form and have the information verified by their sponsor.

All information will be handled in a confidential manner.

Information Required:

I. Vaccination Status:

Dates of MMR vaccination: Date #1: _____ Date #2: _____

OR

Rubella Titer: Date _____ Results _____

Rubeola Titer: Date _____ Results _____

Mumps Titer: Date _____ Results _____

II. TB Status: Answer the following questions. Any “yes” answers need to be consulted with Occupational Health Service

Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you spit up or coughed up blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an ongoing fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost weight without trying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sweat at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Flu Vaccine: I attest that I have received the Flu Vaccine on _____. If I have not been vaccinated, I agree to wear a surgical mask when within 3 feet of a patient in a clinical area.

Observer Signature: _____

Date: _____

MASS GENERAL

Sponsor Signature: _____

Date: _____

Please submit proof of immunizations with this form