



DEPARTMENT OF VETERANS AFFAIRS
Health Care System
One Veterans Drive
Minneapolis, MN 55417



Letter of Notification to Applicant

Dear Applicant/Student:

Thank you for applying for a position with our VA Medical Center. As a condition of the hiring process, you must schedule a pre-employment physical exam with the Occupational Health Clinic (1V-108). Please call 612-467-2985 between 1 PM and 4 PM Monday through Thursday to schedule an appointment. The physical must be completed in a timely fashion and at least one week prior to a start date. While you are at the medical center, you may also want to complete the fingerprinting requirement in Human Resources (4M-109). The VA is committed to providing a safe environment for our patients, employees and volunteers. As a result, the VA requires that all potential employees provide documentation regarding immunizations. **You must bring a copy of your updated immunization record with you to your scheduled appointment.** The documentation must include the following:

1. An immunization record showing that you have been vaccinated for Measles, Mumps and Rubella ** (this could be shown on your immunization record as MMR), or proof of having had the disease by obtaining titer levels for MMR.
2. Immunization records showing that you have been vaccinated for Varicella** (chickenpox). If you have had chickenpox you do not need to be vaccinated for Varicella.
3. The results of your most recent screening for tuberculosis (PPD). ***
4. An immunization record showing that you have been vaccinated against the Hepatitis B virus or are immune by documented titer. ***
5. Immunization record showing that you have been vaccinated against tetanus with the preceding 10 years.

Most individuals get this information through their healthcare provider, military, school records or the local health department. [**If you need to have the MMR , tetanus or Varicella Vaccine you may obtain this either through your healthcare provider or the local County Health Department (Health Department listing is enclosed)]. Also, **please complete the enclosed Occupational History Form and bring with you.**

[*** You will receive an updated PPD in occupational health and hepatitis B if not immune.]

You will also receive a **Certificate of Examination Form**. Please complete Part A and bring it with you to the appointment. Also, please bring in eyewear for the vision screen. We look forward to seeing you and you becoming a part of our VA team. If you have any questions, please feel free to contact us at 612-467-2985.

Thank you for your full cooperation in this matter.

Sincerely,

Medical Director Occupational Health (111H)

Enclosures:

Health Department Listing
Pre-Placement Immunization Questionnaire
Occupational History Form

Pre-Placement Immunization Questionnaire

(Please complete and bring to Pre-Placement Physical Examination)

Name (Last, First, MI): _____

Last 4 numbers of your SSN _____ Date of Birth _____ Place of Birth _____

Please complete to the best of your knowledge:

**This column to be completed by
the Occupational Health
Provider only:**

**[This information was verified using
the applicant's immunization record.]**

1. Immunizations (Month/Day/Year)

Measles, Mumps, Rubella (MMR) #1 _____

Yes No

Measles, Mumps, Rubella (MMR) #2 _____

Yes No

Titers _____

Yes No

Tetanus/Diphtheria _____

Yes No

Varicella #1 _____

Yes No

Varicella #2 _____

Yes No

Hepatitis B #1 _____

Yes No

Hepatitis B #2 _____

Yes No

Hepatitis B #3 _____

Yes No

Titer _____

Yes No

Result _____

Yes No

Hepatitis A #1 _____

Yes No

Hepatitis A #2 _____

Yes No

2. Tuberculin Skin Test (Mantoux) _____

Yes No

Results in mm (induration) _____

Yes No

3. Other _____

Yes No

4. Have you ever had? (Please circle all that apply)

Chickenpox Measles Mumps Rubella

Yes No

Hepatitis (specify type) _____

5. Any other childhood diseases? _____

Yes No

6. Immune Status. People with weakened immunity are at risk for more serious disease due to infection and may also pass infection more easily to others. Please circle if you have had the following:

Yes No

- Splenectomy Chemotherapy or radiation
- Organ transplant Immune deficiency disease
- Chronic steroid use Other malignancy or condition

Thank you.

Above information has been verified by:

Signature: _____

Title: _____

Date: _____

Occupational History

(Please complete and bring to Pre-Placement Physical Examination)

Name _____ Date _____

Current Position (job) _____

1. Description of current or most recent work activities:

2. Are you exposed to or do you work with any occupational hazards such as blood, body fluids, infectious agents, chemicals, dusts, gases or fumes?

Yes _____ No _____ Don't Know _____

3. Have you ever worked with any of the following materials?

a.

Blood and body fluids _____

Patients in Isolation _____

Lasers _____

Radiation _____

Other chemicals _____

Hospital exposures:

Antineoplastic medications _____

Sterilization equipment/fluids _____

Laboratory animals _____

Ultraviolet/Infrared lighting _____

Other gases _____

b.

Asbestos _____

Solvents _____

Petroleum Products _____

Degreasers _____

Paints _____

Glues _____

Grease and Oil _____

Pesticides _____

Silica _____

Other industrial exposures:

Plastics _____

Lead _____

Mercury _____

Other Metals _____

Welding, Brazing, Soldering _____

Insulation _____

Other dusts _____

Other gases _____

Noise _____

4. Have you ever done any of the following types of work?

Direct patient care _____

Plumbing or pipe fitting _____

Building construction _____

Forge/Foundry work _____

Medical Research _____

Shipyards work _____

Mining _____

Chemical plant work _____

5. Have you worked in any other environments or with any other materials about which you are concerned? Yes _____ No _____

If yes, describe:

6. Do you have any hobby activities that involve use of or exposure to dusts, chemicals, or fumes?

Yes _____ No _____

If yes, describe:

Health Department Listing

1. St. Paul:
Department of Public Health
555 Cedar Street
St. Paul, MN 55101
Phone: 651-266-1234
2. Bloomington:
Bloomington Division of Health
1900 W. Old Shakopee Road
3. Minneapolis:
525 Portland Avenue S
Minneapolis
4. Crystal:
Crystal Community Center
4800 N. Douglas Drive
Crystal

For more information on clinics, call 612-348-2884