



# NORTHAMPTON COUNTY

## Department of EMERGENCY MEDICAL SERVICES



### STANDARD OPERATING GUIDELINES

<b>TOPIC: PHYSICAL &amp; IMMUNIZATION Worksheet</b>	<b>SOG #: 2.3.6</b>
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Status: <b>ACTIVE</b>	Written: 03/10/2014
Written by: Hollye B. Carpenter	Revised:
Approved by: Hollye B Carpenter	Adopted: 06/10/2014

EMS PROVIDER'S NAME: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_

- Physical Exam Completed
- Tuberculin Sensitivity Test (may be two step, annual or positive result):
  - Two Step
  - Annual
  - Positive PPD (Chest X-ray must be on or after positive PPD date.)
- Hepatitis B Vaccine Series:
  - Declination form attached
- Tetanus Toxoid (Td) Vaccine booster:
  - Declination form attached
- Tetanus, Diphtheria & Pertussis (TDap) Vaccine booster:
  - Declination form attached
- Influenza Vaccine:
  - Declination form attached
- Varicella (chickenpox) Vaccine Series:
  - Titer
  - Declination form attached
- Poliomyelitis (Polio) Vaccine:
  - Declination form attached
- MMR Vaccine:
  - Titer - Measles (Rubeola) Vaccine:
  - Titer - Mumps Vaccine:
  - Titer - Rubella (German Measles) Vaccine:
  - Declination form attached