

**Baylor Medical Center at Garland  
Employee Health Services**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

☐ Male ☐ Female

Perform following as checked below:

**LAB:**

\_\_\_\_\_ MMRV \_\_\_\_\_ RUBG

\_\_\_\_\_ MEASG \_\_\_\_\_ VZG

\_\_\_\_\_ MUMPG \_\_\_\_\_ HBSBF

\_\_\_\_\_ **Source Exposure Panel**  
(HIVSC, HBAGF, HCVF)

\_\_\_\_\_ **Emp/NonEmp Exposure Panel**  
(HIVSC, HBSBF, HCVF)

\_\_\_\_\_ TBGD

\_\_\_\_\_  
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