

Sales Representative Data Sheet

Category (purchasing use only) _____

Supplier/vendor/manufacturer information.

Company name _____

Address _____

Company telephone number (customer service) _____

Representative information

Name _____

Address _____

Phone/fax _____

Immediate Supervisor name and telephone number

Employee Health Program

The objective of the University of Kentucky Hospital Employee Health Program is to protect both patients and employees from illnesses that could be transmitted while on the job. Consequently, all individuals who are employed by or volunteer in the Hospital as well as any non-Hospital employee or person who provides patient care-related services must meet the requirements of the Employee Health Program. **It is the responsibility of the non-Hospital employee's employer or agency to ensure that requirements are met.**

If I am meeting any UK Hospital staff in a clinical area where I am likely to come in contact with patients, I understand I am required to be currently immunized against common diseases:

1. **MMR – Mumps, Measles, Rubella** _____ **yes?**
2. **VARICELLA – Chickenpox** _____ **yes?**
3. **HEPATITIS B** _____ **yes?**
4. **MANTOUX TUBERCULIN SKIN TEST- current TB skin test that tested negative.** _____ **yes?**

I further acknowledge that I am familiar with my company's policy on any occupational exposure of **BBP's** (OSHA Bloodborne Pathogens), and that it is my responsibility to assure I am protected from BBPs and other diseases .

Corporate Compliance

I affirm that my company is not excluded from participation, and is not otherwise ineligible to participate in a "Federal health care program" as defined in 42 U.S.C. section 1320a-7b(f) or in any other state or federal government payment program.

I acknowledge I have received the current vendor information packet provided by Hospital Purchasing.

Signature

Date

(This form must be updated annually)

Permanent Badge Number _____
date issued _____

Reset