



Employee Health

- Immunization Tracking
- Disease History
- Risk Management

HEALTHCO
INFORMATION SYSTEMS INC

Please Sign In

User Name:


Password:

✎ Forgot your password?

LOG IN

CHANGE PASSWORD CONTACT US PRIVACY POLICY

Figure 1- Log-On Screen



Welcome me! **LOGOUT**

Search Demographics Work History Disease History Allergy History RX/Immunizations Tests

Figure 2 - Tabs for Employee Health Information

home > schedules

Schedule Management

Type	Rx/Imm/Test	Pathogen(s)	Recommended For	Phase	Dose #	Target Day	Variance Before	Variance After	Repeat?	Repeat Freq	Non-responder Repeat?	BBE	Respiratory Exp. N95	Durable Res. Use	Color Vision	Animal Access	Primate Access	Food Handling	Pesticide Use	Chemo. Use	
Test	Amylase (Amylase)	N/A	Employee	Post Exposure - PHASE I	0	0	0	0	No	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Animal (Animal Access Questionnaire)	N/A	Employee	Routine	0	0	0	0	No	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	CBC (CBC/diff)	N/A	Employee	Initial Battery	0	0	0	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Cholinesterase (Cholinesterase RBC)	N/A	Employee	Routine	1	365	30	30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test	CMV (Cytomegalovirus)	Cytomegalovirus	Employee	Post Exposure - PHASE I	0	0	0	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Color Demo (Color vision - Demonstration)	N/A	Employee	Initial Battery	1	0	0	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	CXR (Chest X-ray)	Tuberculosis	Employee	Routine	0	0	0	0		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Diff (Differential Count)	N/A	Employee	Post Exposure - PHASE I	0	0	0	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Drug Panel (Drug Panel)	N/A	Employee	Initial Battery	1	0	0	0	No	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	EBV (Eostein Barr Virus)	N/A	Employee	Post Exposure - PHASE I	0	0	0	0	No	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	ETOH (Alcohol)	N/A	Employee	Routine	0	0	0	0	No	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	HBsAb (Hepatitis B Surface Antibody)	Hepatitis B	Employee	Routine	0	45	2	30	If immunity not achieved	1	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	HBsAg (Hepatitis B Surface Antigen)	Hepatitis B	Patient	Post Exposure - PHASE I	0	0	0	10	No		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Hep C Elsa (Hep C ELISA)	Hepatitis C	Employee	Post Exposure - PHASE I	0	0	0	0				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	Hep C PCR (Hep C PCR)	Hepatitis C	Employee	Post Exposure - PHASE I	0	0	0	0				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	HIV Elisa (HIV Elisa)	HIV	Employee	Post Exposure - PHASE I	0	0	0	7			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	HIV p24 (HIV p24)	HIV	Employee	Post Exposure - PHASE I	0	0	0	0				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test	HIV Rapid (HIV Rapid)	HIV	Patient	Post Exposure - PHASE I	0	0	0	7	No	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 3 - Example of Test & Immunization Schedules