



Sponsored Staff Health Screening

BWH Occupational Health Service
Neville House, 10 Vining Street
Tel: 617-732-6034

Name: _____ Date: _____
Department: _____ DOB: _____

Directions: Please take this form to your health care provider/ Student Health Service for completion.

For Health Care Provider Completion:

For this individual to qualify to work as a Sponsored Staff at Brigham and Women's Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the back of this form.**

Please complete the form below with special consideration to the following:

- If there is not evidence of measles, mumps, and/or rubella immunity, please administer MMR or draw titer(s);
- Please plant and read a tuberculin skin test (TST), if this applicant has not had one in the past three months.
- For applicants with a past positive TST, please complete the section labeled "Symptom Review" and obtain a chest x-ray if one is not on file within the past twelve months.

For questions on form completion, call 617-732-6034. Thank You.

Tuberculin Skin Test <i>Must be within 3 months of start date or be replanted.</i>	Date Planted: _____ Date Read: _____ Result in mm: _____
Symptom Review <i>Only</i> for applicants who have a history of a positive TST <i>Chest X-ray is required within one year of start date</i>	Loss of appetite: <input type="checkbox"/> Yes <input type="checkbox"/> No Unexplained weight loss: <input type="checkbox"/> Yes <input type="checkbox"/> No Night Sweats: <input type="checkbox"/> Yes <input type="checkbox"/> No Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No Fatigue: <input type="checkbox"/> Yes <input type="checkbox"/> No Productive Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No Chest X-Ray Date: _____
Measles, Mumps, Rubella <i>Required</i>	MMR #1 date:____ Measles #1 date:____ Mumps #1 date:____ MMR # 2 date:____ Measles #2 date:____ Mumps #2 date:____ Rubella date:____ Measles titre date/result:____ Mumps titre date/result:____ Rubella titre date/result:____
Chicken Pox	<i>History of Chicken Pox: Yes__ No__</i> Varivax date #1:____ Varivax date #2:____ Titre:_____
Hepatitis B Vaccine	Hepatitis B Vaccine date # 1:____ Hepatitis B Antibody Titre (result/date):____ Hepatitis B Vaccine date # 2:____ Hepatitis B Vaccine date # 3:_____

Signature of Health Care Provider: _____ Date: _____

Location: _____

Telephone: _____

OHS Reviewer: _____ Date: _____



**Brigham and Women's Hospital
Occupational Health Service**

Infection Control Standards for Health Clearance



Tuberculosis Screening and Chest X-Rays

One of the following is required:

- a. Tuberculin skin test (TST) within the *past three months; or*
- b. For individuals known to be TST positive, there needs to be a record of a negative chest x-ray report done within the *past twelve months.*



Measles, Mumps, and Rubella Immunity

One of the following is required:

- a. Documentation of two Measles vaccines, two Mumps vaccines, and one Rubella vaccine or
Documentation of two MMR vaccines; *or*
- b. Proof of immunity to measles, mumps, and rubella by titer (blood test).



Hepatitis B Vaccine

For individuals who may be exposed to blood or body fluids during their experience at BWH:

- a. Documentation of the Hepatitis B series and/ or
- b. Positive antibody test for hepatitis B

* BWH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.



Chicken Pox

Anyone who does not have a history of chicken pox is **strongly recommended** to get the chicken pox (varicella) vaccine from his/her primary care provider. As an adult, chicken pox can be a very serious illness.

If you have any questions, please contact the Occupational Health Service at (617) 732-6034.