

Infection Control Standards for Health Clearance

- **Tuberculosis Screening and Chest X-Rays**

One of the following is required:

- a. Documentation of a TST (skin test) within 3 months
OR
- b. Documentation of a negative IGRA (QFT or T-Spot) within 3 months
OR
- c. For individuals known to be TB skin test positive or who have positive IGRA, documentation of a chest x-ray report which rules out active tuberculosis is required.
- d. Please provide documentation of any treatment for Latent TB.

- **Measles, Mumps, and Rubella Immunity Required**

One of the following is required:

- a. Documentation of two measles vaccines, two mumps vaccine, and one rubella vaccine or documentation of two MMR vaccines
OR
- b. Proof of immunity to measles, mumps and rubella by IgG antibody titer (blood test).

- **Chicken Pox Immunity** One of the following:

- a. Proof of immunity to chicken pox by IgG antibody titer (blood test)
OR
- b. Documentation of two varicella vaccinations
OR
- c. Reliable history of chicken pox disease

- **Hepatitis B Vaccine (Strongly recommended for those working with blood or body fluids)**

Strongly recommended for individuals who may be exposed to blood or body fluids during their experience at BWH. Please discuss with your health care provider).

- a. Documentation of the hepatitis B series
AND
- b. Positive antibody test for hepatitis B.

- **Tdap/Td (Recommended)**

Up to date Tdap/Td is **recommended**.

- **Influenza**

Brigham and Women's Hospital requires all staff all individuals working at a BWH site to receive a **seasonal** flu vaccine. BWH has a mandatory mask policy for those not vaccinated against seasonal influenza due to a medical or religious exemption.

- **COVID Vaccine:** At this time, the COVID 19 Vaccine is not required, but is **highly recommended** prior to beginning employment at BWH. BWH will provide updates on the availability and process for obtaining COVID Vaccine.



OCCUPATIONAL HEALTH SERVICES

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Sponsored Staff Questionnaire: Please complete

COVID-19 TESTING: Have you tested POSITIVE for COVID 19 in the last 90 days YES ____ NO ____

If YES, provide date: _____

COVID Symptoms

If you have fever, cough (not related to a chronic condition), shortness of breath, sore throat, runny nose (not related to allergies), muscle aches, loss of smell/taste you may not come to any BWH site. Stay home and notify your sponsor.

TB Risk Screening:

Have you lived for more than one month in a country with a high rate of TB ? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)

YES ____ NO ____

Are you immunosuppressed? YES ____ NO ____

Have you had close contact with someone who had infectious TB disease since your last TB screening?

YES ____ NO ____

Additional Questions:

Will you be working with Animals? Yes ____ No ____

Will you perform direct patient care? Yes ____ No ____

Sponsored staff (Print name) _____

Sponsored Staff (Sign Name) _____

Date of Birth: ____/____/____

Today's Date: ____/____/____