



Last Name

First Name

Date of Birth

Health Screening Requirements

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

For Health Care Provider Completion:

For this individual to qualify to work, volunteer, or observe at the 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, rubella, or varicella immunity, please administer vaccine or draw titer(s);
- Please plant and read a TB skin test, if this applicant has not had one in the past **three** months.
- For applicants with a past positive TB skin test, please complete the section labeled "Symptom Review" and obtain a chest x-ray which rules out active TB if one is not on file.

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

TB Skin Test (TST) #1 within 1 year of start date	Date Planted: _____	Date Read: _____	Result in mm: _____
#2 TST within 3mos of start date,	Date Planted: _____	Date Read: _____	Result in mm: _____
Within 3mos of start date (see p.2)	QFT date/result: _____ If positive, chest xray is required	T-spot date/ result _____ If positive, chest xray is required	
Symptom Review <i>(Only for applicants who have a history of a positive PPD) Chest X-ray is required</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 Chest X-Ray Date _____ LTBI Treatment Length _____ INH Completion Date _____	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 Result _____	
MMR	MMR #1 _____	MMR #2 _____	Titer Result (circle) _____
Measles	Measles #1 _____	Measles #2 _____	POS / NEG _____
Mumps	Mumps#1 _____	Mumps #2 _____	POS / NEG _____
Rubella	Rubella _____		POS / NEG _____
Varicella	Varivax #1 _____	Varivax #2 _____	POS / NEG _____
Hepatitis B	Hep B #1 _____	Antibody Hepatitis B	POS / NEG _____
	Hep B #2 _____		
	Hep B #3 _____		
Td/Tdap	Td _____	Tdap _____	
Influenza Vaccine	Seasonal _____	Color Vision Screen date _____	Normal/Abn _____

Print Name Health Care Provider

Signature

Date

Location

Telephone



Infection Control Standards for Health Clearance

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

One of the following is required:

- a. Documentation of 2 step TB testing; #1 within 1 year of start date, #2 within 3 months of start date.
- b. For individuals known to be TB skin test positive, documentation of a chest x-ray report is required which rules out active tuberculosis.
- c. Documentation of a negative QFT or Tspot within 3 months of start date; if positive QFT or Tspot, then documentation of a chest xray report is required which rules out active tuberculosis.
- d. *For clinical staff who need to be screened annually, QFT or Tspot test accepted only if new hire is from TB endemic country (<http://www.who.int/countries/en/>) and/or history of BCG vaccine.*

- **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.
- 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 Immunity Required**

One of the following is required:

- a. Proof of immunity to chicken pox by titer (blood test).
- b. Documentation of two varicella vaccinations.
- c. Documentation of provider verified varicella (chickenpox) disease.

- **Tetanus**

All staff should have documentation of up to date tetanus vaccine (Td/Tdap).

- **Influenza**

Massachusetts Department of Public Health requires all health care workers to receive flu vaccine, provide documentation of vaccine *or* sign a declination that it was not received.