

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: ____/____/____