CHECK OFF LIST FOR CLEARANCE REQUIREMENT

***YOU MUST BRING YOUR IMMUNIZATION DOCUMENTATION***

IF YOU ARE UNABLE TO OBTAIN YOUR IMMUNIZATION RECORDS EHS WILL PROVIDE THE FOLLOWING TEST(S)

IMMUNIZATION DOCUMENTATION FOR INFECTIOUS DISEASE CLEARANCE REQUIREMENT IS AS FOLLOWS:

(2) STEP TUBERCULIN INTERMEDIATE SKIN (PPD) TEST:

(2) _____ 1st EHS WILL ACCEPT 1 PPD WITHIN 365 DAYS & _____ 2nd PPD WITHIN 90 DAYS OF START DATE

OR

(1) QUANTIFERON TITER WITH RESULTS:

(1) _____ EHS WILL ACCEPT QUANTIFERON TEST WITHIN 90 DAYS OF START DATE.

**IF YOU HAVE A HISTORY OF POSITIVE PPD TEST OR QUANTIFERON THEN A CHEST X-RAY IS REQUIRED**

_____ CHEST X-RAY WITHIN 90 DAYS OF START DATE

HISTORY OF TREATMENT: ☐ YES ☐ NO IF YES, DATE_____

HOW MANY MONTHS TAKEN_______ WHAT PRESCRIPTION__________

(2) MMR – IMMUNIZATION DATES - MUST BE GIVEN 28 DAYS APART OR POSITIVE TITER:

(2) _____ 1st & _____ 2nd MMR (RUBEOLA/(MEASLES); MUMPS; RUBELLA): VACCINE DATE

IF IMMUNIZATION WERE GIVEN SEPARATELY - (2) VACCINES MUST BE GIVEN 28 DAYS APART:

(1) _____ RUBELLA: VACCINE DATE

(2) _____ 1st RUBEOLA/(MEASLES): VACCINE DATE & _____ 2nd RUBEOLA/(MEASLES): VACCINE DATE

(2) _____ 1st MUMPS: VACCINE DATE & _____ 2nd MUMPS: VACCINE DATES

OR

MMR - POSITIVE TITERS

(1)_____ RUBELLA POSITIVE TITER DATE

(1)_____ RUBEOLA/(MEASLES) POSITIVE TITER DATE

(1)_____ MUMPS POSITIVE TITER DATE

(2) VARICELLA - IMMUNIZATION DATES - MUST BE GIVEN 28 DAYS APART OR (1) POSITIVE TITER:

(2) _____ 1st VARICELLA: VACCINE DATE & _____ 2nd VARICELLA: VACCINE DATE

OR

(1) _____ POSITIVE VARICELLA TITER DATE

(1) TDAP - IMMUNIZATION DATE

(1) _____ TDAP: VACCINE DATE

ADDITIONAL REQUIRED TITERS FOR ALL BLOOD/BODY FLUID EXPOSURE RISK JOBS:

(1) _____ HEPATITIS B SURFACE ANTIBODY (HBSAB) TITER WITH NUMERIC VALUE RESULTS

(1) _____ HEPATITIS C ANTIBODY TITER BASELINE WITHIN 90 DAYS OF START DATE

S:\HBC\EmpHlth\PE'S\NEW PE FORMS\CLEARANCE - REVISED: December 29, 2015