CLEARANCE REQUIREMENT CHECK OFF LIST

***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:
_____ EHS WILL ACCEPT 1 PPD WITHIN 365 DAYS
_____ 2nd PPD WITHIN 90 DAYS OF START DATE

OR

1 QUANTIFERON TITER WITH RESULTS:
_____ EHS WILL ACCEPT 1 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 IMMUNIZATION DATES OR POSITIVE TITER:
_____ 2 MMR (MEASLES; MUMPS; RUBELLA): VACCINE DATES

OR

IF GIVEN SEPARATELY:
_____ 1 RUBELLA: VACCINE DATES OR _____ 1 RUBELLA TITER DATE
_____ 2 RUBEOLA: VACCINE DATES OR _____ 1 RUBEOLA TITER DATE
_____ 2 MUMPS: VACCINE DATES OR _____ 1 MUMPS TITER DATE
_____ 2 VARICELLA: VACCINE DATES OR _____ 1 VARICELLA TITER DATE

DIRECT PATIENT CARE CONTACT REQUIRES:
_____ HEPATITIS B SURFACE ANTIBODY (HBSAB) WITH NUMERIC VALUE RESULTS
_____ HEPATITIS C ANTIBODY BASELINE WITHIN 90 DAYS OF START DATE

TDAP AND ANNUAL FLU VACCINE IS RECOMMEND

S:\HBC\EmpHlth\PE'S\NEW PE FORMS\CLEARANCE - CREATED: January 2015