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)

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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 OR SIGNED DECLINATION IS REQUIRED:

_____ 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