The purpose of this document is to outline the University of California’s policy for pre-employment history and physical examinations, immunization and drug testing.

I. Setting: UC Medical Center Campuses and auxiliary sites.

II. Policy

It is the University of California’s policy that all new employees, as a condition of employment, are required to pass a physical examination & infectious disease evaluation to establish both fitness to perform the job duties for which they have applied and their fitness to perform these duties without endangering the health and safety of themselves or others.

A. Procedures

The pre-employment screening of all new employees shall include:

1. A work related physical assessment.

A work related physical assessment will be performed by a medical provider. Additional evaluations or documentation may be required before an applicant is cleared for employment. This may be necessary to clarify the ability of a prospective employee to safely perform the essential functions of their job duties or determine reasonable accommodations.

2. TB Screening.

A TB Symptom questionnaire will be administered to all new hires prior to PPS testing. TB skin testing (TST) will be administered to all new hires, except those who have:
   a. Previously tested positive.
   b. Have been treated for active or Latent TB infections, in these cases a symptom interview & Chest X-ray will be required to rule out active TB.
   c. Quantiferon testing could be considered.

Having a BCG vaccine in the past is not a contraindication to TST. In Two step PPD testing will be performed on those individuals who do not have a documented negative TST within the past 12 months.
Two Step TST

This involves placing an initial TST followed by a second test 1 to 4 weeks later.

Employees may be provisionally cleared to work if the first TST is negative, but must complete the 2-step testing within 10 days of starting work & before full clearance will be granted.

Positive TSTs

Those who have a positive TST or are know positive must have a one view PA CXR documenting no active TB. A recent negative CXR, within 3 months, will be accepted in lieu of a new CXR.

Applicants with a positive TST and no active disease will be referred to their primary care providers (PCP) to discuss INH therapy for LTBI's. Those with evidence of possible active disease will be referred to their PCP for fuller evaluations. Clearance will not be granted until after adequate evaluation and treatment, if necessary, as determined by the Employee/Occupational Health Department.

3. Immunization Evaluation.

All employees must have an evaluation of immunity to Measles, Mumps, Rubella, Varicella and Hepatitis B.

Declinations can be signed to refuse Mumps, Varicella & Hepatitis B booster immunizations.

Hepatitis C testing will be offered to employees with potential contact to blood and body fluids.

Proof of immunity:

MMR

Two documented doses of MMR vaccine, given after the age of 1 year old, OR documented serum immunity.

Varicella – Documented serologic immunity or 2 documented vaccines given at least 4 weeks apart.
**Hepatitis B**

Documentation of serum immunity. Simply having the 3 vaccine series is not adequate proof of immunity. Evidence of serum immunity, at any time, >10 IU /ML ensures immunity to Hepatitis B infection for life - even if subsequent titers appear sub-therapeutic.

Labs will be drawn for those infectious diseases where immunity cannot be documented and immunizations provided, free of charge, to those who are not immune to the above preventable infectious diseases.

**Tetanus/Pertussis**

Vaccinations will be offered to individuals without documentation of receiving this vaccine.

**Influenza Vaccinations**

Are offered to all employees during influenza season. All employees are encouraged to have this immunization, yearly, to help protect themselves, their patients, coworkers and family from seasonal influenza. Those not wishing to receive this vaccine must sign a declination.

I have read and understand the above information and agree to have the appropriate evaluation/testing as outlined above.

I agree to be tested for:

___ Measles  ___ Active or latent TB
___ Mumps
___ Rubella
___ Varicella
___ Hepatitis B
___ Hepatitis C

Name: __________________________

Date: _____-_____-________