



Last Name

First Name

Date of Birth

Health Screening Requirements

Directions: Please take this form to your health care provider or Student Health Service for completion.

For Health Care Provider Completion:

All personnel who will work, volunteer, or observe at the Brigham and Women's Hospital are required to meet the minimal infection control standards on page 2.

- Please plant and read a TB skin test, if this applicant has not had one in the past **three** months.
- For applicants with a past positive TB skin test, please complete the section labeled "Symptom Review" and obtain a chest x-ray which rules out active TB if one is not on file.
- Either documentation of the measles, mumps, rubella vaccines as required on page 2 is needed **or** proof of immunity by titer (blood test) is required.

For questions on form completion, call 617-732-6034. Thank You.

TB Skin Test (TST)

#1 within 1 year of start date Date Planted: _____ Date Read: _____ Result in mm: _____

#2 TST within 3mos of start date Date Planted: _____ Date Read: _____ Result in mm: _____

Within 3mos of start date (see p.2) QFT date/result: _____ T-spot date/ result _____
If positive, chest xray is required If positive, chest xray is required

Symptom Review

*(Only for applicants who have a history of a positive PPD)
Chest X-ray is required*

Loss of appetite Yes No Fever Yes No
Unexplained weight loss Yes No Fatigue Yes No
Night Sweats Yes No Productive Cough Yes No
Chest X-Ray Date _____ Chest X-Ray Result _____
LTBI Treatment Length _____
INH Completion Date _____

		Date		Date	Titer Result (circle)	Date
MMR	MMR #1	_____	MMR #2	_____		_____
Measles	Measles #1	_____	Measles #2	_____	POS / NEG	_____
Mumps	Mumps#1	_____	Mumps #2	_____	POS / NEG	_____
Rubella	Rubella	_____		_____	POS / NEG	_____
Varicella	Varivax #1	_____	Varivax #2	_____	POS / NEG	_____
Hepatitis B	Hep B #1	_____	Antibody Hepatitis B		POS / NEG	_____
	Hep B #2	_____				
	Hep B #3	_____				
Td/Tdap	Td	_____	Tdap	_____		
Influenza Vaccine	Seasonal	_____	Color Vision	_____	Normal/Abn	
		Screen date	_____			

Print Name Health Care Provider

Signature

Date

Location

Telephone



Infection Control Standards for Health Clearance

- **Tuberculosis Screening and Chest X-Rays**

One of the following is required:

- a. Documentation of 2 step TB testing; #1 within 1 year of start date, #2 within 3 months of start date.
- b. For individuals known to be TB skin test positive, documentation of a chest x-ray report is required which rules out active tuberculosis.
- c. Documentation of a negative QFT or Tspot within 3 months of start date; if positive QFT or Tspot, then documentation of a chest xray report is required which rules out active tuberculosis.
- d. *For clinical staff who need to be screened annually, QFT or Tspot test accepted only if new hire is from TB endemic country (<http://www.who.int/countries/en/>) and/or history of BCG vaccine.*

- **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 titer (blood test).

- **Hepatitis B Vaccine**

For individuals who may be exposed to blood or body fluids during their experience at BWH:

- a. Documentation of the hepatitis B series and/ or
- b. Positive antibody test for hepatitis B.

*BWH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.

- **Chicken Pox Immunity Required**

One of the following is required:

- a. Proof of immunity to chicken pox by titer (blood test).
- b. Documentation of two varicella vaccinations.
- c. Documentation of provider verified varicella (chickenpox) disease.

- **Tetanus**

All staff should have documentation of up to date tetanus vaccine (Td/Tdap).

- **Influenza**

Massachusetts Department of Public Health requires all health care workers to receive flu vaccine *or* to sign a declination that it was not received. BWH has a mandatory mask policy for those not vaccinated against seasonal influenza.