HEALTH SCREENING REQUIREMENTS

COPIES OF LABORATORY REPORTS AND/OR IMMUNIZATION RECORDS MUST BE ATTACHED.

RUBEOLA (Measles)
1. Laboratory evidence of immunity
   OR
2. Written documentation showing adequate vaccination:
   1\textsuperscript{st} dose (first dose given)
   2\textsuperscript{nd} dose (≥4 wks later)

MUMPS
1. Laboratory evidenced of immunity
   OR
2. Written documentation showing adequate vaccination:
   1\textsuperscript{st} dose (first given)
   2\textsuperscript{nd} dose (4 weeks later)

RUBELLA (German measles)
1. Laboratory evidence of immunity
   OR
2. Written documentation showing adequate vaccination:
   One (1) dose administered

VARICELLA (Chickenpox) ***History of disease not accepted
1. Laboratory evidence of immunity
   OR
2. Written documentation showing adequate vaccination:
   1\textsuperscript{st} dose (first dose given)
   2\textsuperscript{nd} dose (4-8 wks later)

HEPATITIS B
1. Laboratory evidence of immunity
   OR
2. Written documentation of Hepatitis B immunization program begun:
   1\textsuperscript{st} dose
   2\textsuperscript{nd} dose
   3\textsuperscript{rd} dose
   [+] HBsAb ≥90days
   OR
3. Signed declination to receive HBV vaccine (NOTE: physicians not exempted, must start vaccination series)

TB SCREENING (PPD administered intradermally, results measured and recorded in millimeters induration at 48-72 hrs)
1. IF PPD NEGATIVE, must demonstrate (or produce written documentation of same)
   non-reactive PPD within last 3 months
   AND
   second non-reactive PPD within preceding 12 months.

NOTES
   • If no PPD in last 12 months, 2-step PPD testing is required by state & federal law
   • Federal law (OSHA) prohibits healthcare worker from measuring, recording his/her own PPD
   • History of reactive PPD following receipt of BCG is not accepted in lieu of documentation
2. IF PPD POSITIVE, must demonstrate (or produce written documentation of same)
   documentation of reactive PPD and/or INH therapy
   AND
   chest xray within last year

MUST ATTACH:
   Health screening questionnaire (which includes TB signs, symptoms) completed in last twelve (12) months
   Latex allergy screening (separately, or as part of general health screening questionnaire)
   Hepatitis B vaccine declination, if HBsAb negative and applicant refuses vaccination (except physicians)