



HEALTH STATUS INFORMATION

According to the policy and procedures of Regional Human Resources (HR 5.02) Southern California Region, Title 22, CAC Section 7023, CDC guidelines all contracted medical center employees are required to demonstrate current immunity to the following communicable diseases:

1. Complete the following serology / immunization information:

(Serologic immunity or up-to-date immunization is required.)

Mumps	Serologic Titer:	Date of Titer	Immunization Date*: 1. 2.
Rubella	Serologic Titer:	Date of Titer	Immunization Date*:
Rubeola	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.
Varicella	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.
Hepatitis B	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2. 3.
**Hepatitis A	Serologic Titer:	Date of Titer	Immunization Dates*: 1. 2.

*Give the last time immunized. Childhood vaccinations are not sufficient. The following number of doses are needed: two doses for rubeola; two doses for varicella; at least the first dose for hepatitis B. Hepatitis B vaccine can be declined, if so please sign below in section 4.

**If applicable

2. Give the following tuberculosis screening information:

Provide documentation of your most recent TST skin test or IGRA (QFT or T-Spot). If the TST or IGRA was positive, give date and results. The last TST needs to be in the last year before starting work.

Last TST or IGRA Date:	Results (mm of induration)*:
Previous IGRA:	Results (mm of induration)*:

*If there was no induration, indicate "0".

If your TST is newly positive, you will need to provide a report of a negative chest x-ray done after the TST. If the TST was previously positive TST, the results of a negative chest x-ray should be on file at your registry.

3. Please answer the following questions:

- a) Yes No Have you had any new problem which **currently** is infectious or would prevent you from performing your assigned duties at this time? If "Yes", describe: _____
- b) Yes No Have you had an unexplained weight loss in the last year? If "Yes", give amount lost: _____
- c) Yes No Do you have a persistent cough (lasting 3 weeks or more)?
- d) Yes No Do you cough up blood?
- e) Yes No Do you have persistent, unexplained fevers or night sweats?
- f) Yes No Do you have a rash? If "Yes", for how long? _____
- g) Yes No Have you seen a doctor for any of the above? If "Yes", which numbered item?

4. Hepatitis B vaccine: I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. Sign if you want to decline the Hepatitis B vaccine. Signature: _____

5. Tdap vaccine/date _____ or declination **6. Seasonal Flu vaccine/date _____ or declination.**

I hereby affirm that the information provided in this questionnaire is accurate and fairly represents my current health status. I understand that any misrepresentations, misstatements or omissions in this questionnaire, whether intentional or not, shall constitute a breach of contract between Contractor, or contract agency, and Kaiser Permanente. If employment was initiated prior to the discovery of such misrepresentation(s), misstatement(s) or omission(s), such discovery may result in immediate suspension or termination of such employment. I understand my employer/agency will receive a copy of this completed form.

SIGNATURE

PHONE

_____/_____/_____
DATE

Please Print Name: _____ ADDRESS _____ ZIP _____

- Resident PA Student Medical Student Observer in Training Registry Nursing Student
 Traveler Sub-Contractors Vendors, Contractors, and Suppliers

Updated 11//2014

Tuesday, August 20, 2013

Topic: influenza vaccination

To Whom It May Concern,

Since the worldwide pandemic of novel influenza virus H1N1, there has been heightened awareness regarding morbidity and mortality due to influenza and the measures that can mitigate a potentially lethal illness. As you may know, Kaiser Permanente leads the nation in disease prevention; this is inclusive of infection prevention.

Annually in the U.S., up to 30,000 people die of influenza. This number does not include the sick days and potential transmission of virus to susceptible demographics at higher risk for mortality: pregnancy; infants; chronic lung or heart disease; immune suppressed; age greater than 65. Within Kaiser, we not only provide healthcare for these demographics, but also their family members and the people who take care of them. Medical studies have shown that vaccinating healthcare workers does decrease nosocomial transmission of flu, as well as decreases sick days for those who take care of the most critically ill (1,2).

In order to help mitigate spread of influenza during flu season, many healthcare centers in California and the United States are requiring influenza vaccination of healthcare workers; some have elected to require wearing a surgical mask for those who decline or cannot receive the flu vaccine. Southern California Kaiser Permanente is joining this important effort in maximizing the safety of our members.

As of October 1, 2013, we are requiring that any medical student, intern, resident, or fellow who intends to rotate through a direct patient care area must provide documentation of receiving that season's influenza vaccine. The intent is to increase vaccination rates; therefore declination forms will not be accepted. Those who decline to take the vaccine will not be permitted to rotate to Kaiser Permanente facilities' patient care areas. If the student or resident cannot receive the vaccine due to medical or religious reasons and still intends to rotate through our patient care areas, he/she shall be required to provide the appropriate written verification from a clergyperson or health care provider to Physician Education as well as don a surgical mask during all patient care. This will only be in effect during the traditional flu season months of October through April, but may be subject to change depending on that year's flu season duration.

We do not take lightly our responsibility in partnering with you to elevate the education of your students and other trainees. While our highest obligation and focus is the health and safety of our members, we do also believe that this policy will further contribute to their education by inciting thoughtful dialogue as to the intricacies of infection prevention in today's healthcare delivery system in the U.S. Thank you for your consideration, and we welcome any feedback on this topic as your partners in education.

Yours truly,



Michael Kanter, M.D.
Regional Medical Director of Quality & Clinical Analysis

References:

1. Wilde, et al. "Effectiveness of Flu Vaccine in Healthcare Professionals", *JAMA*, March 10, 1999—Vol 281, No. 10
2. Cassandra D. Salgado, MD, MS, Eve T. Giannetta, RN, Frederick G. Hayden, MD, and Barry M. Farr , MD, MSc, "Preventing Nosocomial Influenza by Improving the Vaccine Acceptance Rate of Clinicians," *Infection Control and Hospital Epidemiology*, Vol. 25, No. 11 (November 2004), pp.923-928

TETANUS, DIPHTHERIA (Td) or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) **VACCINE**

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. But older children, adolescents, and adults need protection from these diseases too. Td (Tetanus, Diphtheria) and Tdap (Tetanus, Diphtheria, Pertussis) vaccines provide that protection.

TETANUS (Lockjaw) causes painful muscle spasms, usually all over the body.

- It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

These three diseases are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

2 Td and Tdap vaccines

- Td vaccine has been used for many years. It protects against tetanus and diphtheria.
- Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

Note: At this time, Tdap is licensed for only one lifetime dose per person. Td is given every 10 years, and more often if needed.

These vaccines can be used in three ways: 1) as catch-up for people who did not get all their doses of DTaP or DTP when they were children, 2) as a booster dose every 10 years, and 3) for protection against tetanus infection after a wound.

3 Which vaccine, and when?

Routine: Adolescents 11 through 18

- A dose of Tdap is recommended for adolescents who got DTaP or DTP as children and have not yet gotten a booster dose of Td. The preferred age is 11-12.
- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- Adolescents who did not get all their scheduled doses of DTaP or DTP as children should complete the series using a combination of Td and Tdap.

Routine: Adults 19 and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.
- Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed *during* pregnancy, Td is usually preferred over Tdap.

Protection After a Wound

A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose. But Td should be used if Tdap is not available, or for:

- anybody who has already had a dose of Tdap,
- children 7 through 9 years of age, or
- adults 65 and older.

Tdap and Td may be given at the same time as other vaccines.

4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTaP, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTaP should not get Tdap, unless a cause other than the vaccine was found (these people *can* get Td).
- Talk to your provider if the person getting either vaccine:
 - has epilepsy or another nervous system problem,
 - had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap vaccine, or
 - has had Guillain Barré Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

5 What are the risks from Tdap and Td vaccines?

With a vaccine (as with any medicine) there is always a small risk of a life-threatening allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

Mild Problems

(Noticeable, but did not interfere with activities)

Tdap

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Td

- Pain (up to about 8 in 10)
- Redness or swelling (up to about 1 in 3)
- Mild fever (up to about 1 in 15)
- Headache or tiredness (uncommon)

Moderate Problems

(Interfered with activities, but did not require medical attention)

Tdap

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

Td

- Fever over 102°F (rare)

Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

Severe Problems

(Unable to perform usual activities; required medical attention)

Tdap

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.

Tdap or Td

- Swelling, severe pain, and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



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