

# **IMMUNIZATION & DISEASE HISTORY FOR JOB SHADOWING INDIVIDUALS**

Name: DC	DB:
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Position title:

# Current Immune Status: Check all that apply

#### Measles (Rubeola)- at least one of the two options required

Written documentation of **two** live-virus vaccine doses (1st dose must be on or after 1st birthday)
Previous titer indicating immunity - written document

## Mumps-at least one of the two options required

Written documentation of **two** live-virus vaccine doses (1st dose must be on or after 1st birthday)
Previous titer indicating immunity - written document

## German Measles (Rubella)-at least one of the two options required

Written documentation of **one** live-virus vaccine dose (on or after 1st birthday)
Previous titer indicating immunity - written document

## Chicken Pox (Varicella Zoster)-at least one of the four options required

□ Written documentation of **two** live-virus vaccine doses

D Previous titer indicating immunity - written document

Disease history of Chicken Pox disease documented by Health Care Provider (HCP)

Disease history of Herpes Zoster (Shingles disease) documented by HCP

## **Tuberculosis (required)**

□ Baseline TB screening is required for all HCWs and consists of three components.

- 1. Assessing for current symptoms of active TB disease.
- 2. Assessing TB history, and an individual risk assessment.

3. Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a two-step TST

(if in clinical setting for less than two weeks require only a one-step TST) or single IGRA, within 90 days before start date. If positive, need a <u>negative</u> chest x-ray within past 3 months.

## Hepatitis B (highly recommended)

Documentation of completed vaccination series
Previous titer (HBsAb) indicating immunity- written document
Declines vaccine

## Influenza (highly recommended)

Documentation of annual Influenza vaccination, orDeclines vaccine

## **COVID 19 (highly recommended)**

□ Documentation of being up to date with COVID-19 vaccination, or □ Declines vaccine