



## Immunization/Infectious Disease Screening Requirements – Job Shadow Students

Please request and obtain the following immunization documentation for Students/Residents/Interns. Forward all collected documents to Employee Health Nurse for review and entry into the secure electronic Employee Health Database.

### Measles, Mumps, Rubella

### Varicella (chicken pox)

### Influenza, seasonal

### \*Hepatitis B

### \*COVID-19

### \*Tdap

### Baseline Tuberculosis (TB) Screening Questionnaire

For questions related to immunization requirements, contact Employee Health Nurse: [ashley.boudreau@mdihospital.org](mailto:ashley.boudreau@mdihospital.org)

Immunization records may also be faxed directly to Attention: Ashley Boudreau, Employee Health Nurse Fax #207-288-8449.

#### ▪ Measles (Rubeola), Mumps, Rubella (German Measles):

\_\_\_ 2 MMR vaccines, **OR** the following:

\_\_\_ Measles lab titer showing immunity **AND**

\_\_\_ Mumps lab titer showing immunity **AND**

\_\_\_ Rubella lab titer showing immunity, **OR**

\_\_\_ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease(s) may be medically inadvisable (**each disease must be listed**).

#### ▪ Varicella (Chicken Pox)

\_\_\_ 2 Varicella vaccines, **OR**

\_\_\_ Varicella lab titer showing immunity, **OR**

\_\_\_ Documentation of a history of having had varicella or herpes zoster (shingles) disease from a medical Provider, must include month and year of disease **OR**

\_\_\_ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease(s) may be medically inadvisable (**each disease must be listed**).

#### ▪ Influenza Vaccine (see Influenza Vaccination Policy and Procedure MDIH / BBRV Personnel)

\_\_\_ Influenza vaccine, seasonal dose **OR**

\_\_\_ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease may be medically inadvisable.

#### ▪ \*Hepatitis B (for those at risk for blood/body fluid exposure - i.e. physically touching patients during job shadow)

\_\_\_ Hepatitis B vaccine x 3, **OR**

\_\_\_ Hepatitis B Surface Antibody showing immunity, **OR**

\_\_\_ A Hepatitis B Vaccine Declination Statement (signed by Parent if a minor).

#### ▪ \*Covid-19 Vaccination – (Recommended, not required): Personnel are highly encouraged to be vaccinated and keep up to date with COVID-19 vaccines as soon as they are eligible [CDC guidelines](https://www.cdc.gov/covid19/). We request proof of the following if available.

\_\_\_ Documentation of covid-19 vaccination(s) received if applicable **OR**

\_\_\_ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease may be medically inadvisable, if applicable.

#### ▪ \*TDAP (tetanus diphtheria pertussis) –(Recommended, not required)

\_\_\_ 1 vaccine as an adult.

#### ▪ Baseline Tuberculosis (TB) Screening questionnaire. Tb testing is not required if the screening results as low risk.