

**APPENDIX E
ATLANTIC HEALTH
Immunization/Training Record
for Non-Atlantic Health
Student, Agency, or Contract Personnel**

Name: _____ Social Security #: _____ DOB: __/__/__

Address: _____

Name of School/Agency: _____

Supervisor (if applicable): _____

IMMUNIZATION	YES/DATES	NO
<p><u>Hepatitis B</u>: (Must have one of the following)</p> <p>A. Proof of having all three doses of the Hepatitis B Vaccine: _____</p> <p>B. Documentation of a positive Hepatitis B Surface Antibody (HBsAb): _____</p> <p>C. Vaccine Waiver Form: (see attached) _____</p>		
<p><u>Rubeola (Measles)</u>: (Must have one of the following)</p> <p>a. Rubeola Titer -demonstrating immunity. Immune: _____</p> <p>b. If born on or after 1957, proof of at least two doses of live measles (or MMR) vaccine after his/her first birthday: _____</p> <p>c. If born before 1957, laboratory evidence of immunity or proof of at least one dose of live measles (or MMR) vaccine: _____</p>		
<p><u>Rubella (German Measles)</u>: (Must have one of the following)</p> <p>A. Rubella Titer-demonstrating immunity. Immune: _____</p> <p>B. Proof of one dose of rubella: (or MMR) vaccine after his/her first birthday, except women of childbearing age who have 1 or 2 documented doses of rubella-containing vaccine and have rubella-specific IgG levels that are not clearly positive should be administered 1 additional dose of MMR vaccine (maximum of 3 doses) and do not need to be retested for serologic evidence of rubella immunity: _____</p>		
<p><u>Mumps</u>: (Must have one of the following)</p> <p>A. Mumps Titer -demonstrating immunity. Immune: _____</p> <p>B. If born on or after 1957, proof of two doses of live mumps (or MMR) vaccine after his/her first birthday: _____</p> <p>C. If born before 1957, laboratory evidence of immunity or proof of at least one dose of mumps (or MMR) vaccine: _____</p>		

Varicella Titer: (Must have one of the following)
A. Proof of two doses of varicella vaccine, 4-8 weeks apart: _____
B. Varicella Titer: -demonstrating immunity. Immune: _____

Influenza Vaccination during flu season (defined annually by the CDC): _____

Tdap Vaccination (11 yrs and over, other than in childhood): _____

Tuberculosis Skin Testing (TST)*:

- A. No signs and symptoms of active TB and Two-step TST (2 Mantoux tests given within 1-3 weeks of each other) within the past 12 months, OR
- B. Single TST if one documented negative TST within the past 12 months, OR
- C. Prior documentation of negative results of 2 Mantoux tests performed within 12 months preceding work at an Atlantic Health facility.
- D. Adequate two-step TST followed by annual testing.

If positive TST or Interferon-Gamma Release Assays (IGRA's) :

- A. Documentation of test result, and a negative CXR obtained after the test was positive.
- B. Documentation that individual does not have active tuberculosis infection.
- C. If latent tuberculosis infection, documentation of adequate treatment if individual was treated.
- D. If evaluated with Interferon-Gamma Release Assays (IGRA's), those results should be submitted in addition to TST.

TRAINING:

Hazard Communication/Right to Know:

- A. Awareness of biological hazards in healthcare institutions.

INFECTION CONTROL

- A. Understands epidemiology & symptoms of bloodborne (Hepatitis B & C & HIV) diseases, tuberculosis, & influenza.
- B. Understands modes of transmission of bloodborne pathogens, tuberculosis, & influenza & similar infections.
- C. Understands isolation precautions & the appropriate use of personal protective equipment.

Occupational Injuries & Illnesses: All schools or agencies must have a prior arrangement with their students/personnel of what to do in the event of an occupational injury or illnesses, including bloodborne pathogen exposures.

Contagious Diseases:

This individual completing this form is free from contagious disease. Yes _____ No _____

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Signature of student/agency/contract personnel

Date

Signature of health practitioner (REQUIRED)

Name & Title of Atlantic Health employees who reviewed record

Signature of Atlantic Health employee who reviewed record

Date