

Replacement Worker Health Requirements

In supporting and creating healthier caregiver communities and to promote our vision of Health for a Better World, our replacement worker partners must have the following health requirements assessed before starting their regular work assignment /rotation/shadow/visitation in Facility or affiliate building where patients are treated or caregivers perform work.

Please provide documentation to your employer representative to keep on file:

| Health Requirements | Check |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Health Screen Indicate fit/clear to work, able to work with or without accommodation (specify any accommodations needed) | |
| Tuberculosis Testing IGRA (Q-Gold or T-Spot) blood test or tuberculin skin test current within the last 12 months. If history of positive, please provide copies of chest x-ray results after positive TB test and medical clearance note from your provider. | |
| Measles, Mumps, Rubella (MMR) – Documentation of 2 MMR’s a minimum of four weeks apart, documentation demonstrating series in process, positive laboratory titer or signed declination | |
| Varicella (Chicken pox) – Documentation of 2 doses of varicella a minimum of four weeks apart, documentation demonstrating series in process, positive laboratory titer or signed declination | |
| Hepatitis B (Hep B) - Documentation of Hepatitis B vaccinations (series of 3 Engerix or 2 Heplisav) and/or positive laboratory titer or signed declination where required by functions performed. (Hep B vaccination is required in Alaska) | |
| Tetanus, Diphtheria & Pertussis (Tdap) – Documentation of vaccination/booster or signed declination | |
| Annual influenza vaccine -- Documentation of vaccination or signed declination, including reason for declining. Must follow masking requirements of setting. | |
| Respirator Training: Respiratory Protection (PAPR or N95 Fit Mask Testing), if required by setting or functions performed. If prior training is not for the device provided by PSJH or affiliate, PSJH will provide training/testing as appropriate. | |

I understand the declination of some vaccines may limit the locations where I am able to work. I hereby attest that I provided to my employer representative all the necessary medical documentation as outlined above in order to meet the health requirements of Facility. I have done this to protect myself, our patients, colleagues and the community.

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| Replacement worker signature | Printed Name | Date |
| Employer representative signature | Printed Name | Date |
| Caregiver Health Services signature | Printed Name | Date |

Ideas on where to obtain your childhood and adult immunization immunity records:

- Previous health care employers or any schools you have attended
- Your family Physician or the Health Department where you grew up, which may take a couple weeks.
- Call your state **Immunization Registry Help Desk** as they may have record of your immunizations and can send them to you.

Ideas in where to receive vaccinations:

- Your Primary Care Provider or other walk in clinics
- Local and national pharmacy stores/chains, some located in grocery stores chains.
- Family Practice Residency programs
- Low income or sliding scale clinic's
- Local Health Department