

Health Verification Form

Complete and keep this form with your immunization/titer supporting documents. All documents are subject to audit and must be emailed within 24hrs, upon request.

V \ V U oh Agency Contractor: _____ (Print) Last First _____ DOB: _____

Clinical Verification *All documents must be verified and are subject to audit by Providence Health & Services. Initial each section once verified

Date Form Verified: _____

<p>Tuberculosis Requirement Met</p> <p>Initial: _____</p>	<p>Choose A or B</p> <p>A. 2 Step (skin test placed; read within 48-72 hours)</p> <p>#1. Date placed: _____ Date read: _____ Result: _____ mm Pos* _____ Neg _____</p> <p>#2. Date placed: _____ Date read: _____ Result: _____ mm Pos* _____ Neg _____</p> <p>(Placement of 2nd skin test needs to be done 1-3 weeks from the placement of 1st skin test per CDC)</p> <p>B. Quantiferon Date: _____ Pos* _____ Neg _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Never require a TB skin test for anyone who has a history of a positive skin test or Quantiferon. Those with positive results are required to complete a TB Questionnaire each year.</p> </div> <p>*If any results are positive from A or B; the following are required: Chest X Ray 1-view AND Medical Clearance Note AND TB Questionnaire</p> <p>If returning for multiple years: Yearly TB skin test, is required within 12 months of previous TB or Quantiferon</p> <p>Annual 1 Step: Date placed: _____ Date read: _____ Result: _____ mm Pos* _____ Neg _____</p>
<p>Measles Mumps Rubella Requirement Met</p> <p>Initial: _____</p>	<p>Choose A or B</p> <p>A. MMR Vaccination (series of 2) #1 Date _____ #2 Date _____</p> <p>B. Titers:</p> <p>Measles: Date _____ Pos _____ Neg* _____ Indeterminate/Equivocal* _____</p> <p>Mumps: Date _____ Pos _____ Neg* _____ Indeterminate/Equivocal* _____</p> <p>Rubella: Date _____ Pos _____ Neg* _____ Indeterminate/Equivocal* _____</p> <p>* If any titer is Neg or Indeterminate/Equivocal then Documentation of 2 MMRs given at least 28 days apart is required. If Neg or Indeterminate/Equivocal titer after 2 MMR's or a medical exemption for MMR, a signed declination is required. If Neg or Indeterminate/Equivocal titer and an outbreak of the disease occurs, the _____ will not be allowed on clinical site for up to 21 days.</p>
<p>Varicella Requirement Met</p> <p>Initial: _____</p>	<p>Choose A or B</p> <p>A. Varicella Vaccination (series of 2) #1 Date _____ #2 Date _____</p> <p>B. Varicella Titer: Date _____ Pos _____ Neg* _____ Indeterminate/Equivocal* _____</p> <p>*If titer is Neg or Indeterminate/Equivocal then Documentation of 2 Varicella shots given at least 28 days apart is required. If Neg or Indeterminate/Equivocal titer (after 2 Varicella shots) or medical exemption for Varicella, a signed declination is required. If Neg or Indeterminate/Equivocal titer and an outbreak of the disease occurs, _____ will not be allowed on clinical site for up to 21 days.</p>
<p>Hepatitis B Requirement Met</p> <p>Initial: _____</p>	<p>Choose A or B</p> <p>A. Hep B Vaccination (series of 3 completed or in process)</p> <p>#1 Date _____ #2 Date _____ #3 Date _____ or _____ States completed Hep B Series (if no records)</p> <p>Hep B Surface Antibody (HBsAb) Titer (once series completed): Date _____ Pos _____ Neg* _____ (*see negative titer below)</p> <p>*If negative titer; Hep B booster series needs to be completed (series in process is also acceptable)</p> <p>#4 Date _____ #5 Date _____ #6 Date _____</p> <p>B. Signed declination Date: _____ (The Hepatitis B series is highly recommended but not required.)</p>
<p>Tdap Requirement Met</p> <p>Initial: _____</p>	<p>A. Tdap Required once Date: _____</p> <p>*If medical contraindication to Tdap - Td received Date: _____ and signed declination form Date: _____</p>
<p>Influenza Requirement Met</p> <p>Initial: _____</p>	<p>Influenza Vaccination –</p> <p>Date: _____ or _____ signed declination form Date: _____ ***masking may be required***</p>