

**** Checklist of 2018 Health Requirements ****
For Incoming Residents/Fellows

Name: _____ Date of Birth: _____

Program: _____

- **Immunization Documentation is REQUIRED** as outlined below.
- **Vaccinations: DO NOT HAVE ANY LIVE VACCINE AFTER 5/20/2018**

* Vaccinations must be completed **30** days **prior** to Tuberculosis Screening (PPD) that will be administered at New Resident Orientation on Friday, June 22, 2018

Medical History Form (F82010) *Complete form, provide brief explanation to any 'YES' responses.

Report of Medical Exam (F82055) * Exam must be within **6** months prior to beginning employment by a licensed provider. Physical Exams can be scheduled with Employee Health prior to May 18th by calling (315) 464-4260 and request to speak with Nancy Marley-O'Mara.

Allergy History Form (F82046)

Submit record of your **childhood immunizations/vaccines**

DOCUMENTATION OF IMMUNIZATION BY THE FOLLOWING GUIDELINES:

Rubella (German measles) ONE of the following is required:

- Documentation of **(1)** dose of MMR vaccine on or after first birthday
OR
- Rubella antibody titer (requires blood test) – **copy of the lab report must be submitted**

Rubeola (Measles) ONE of the following is required:

- Documentation of **(2)** doses of MMR vaccine on or after first birthday and separated by at least 28 days
OR
- Rubeola antibody titer (requires blood test) – **copy of the lab report must be submitted**

Mumps ONE of the following is required:

- Documentation of **(2)** doses of MMR vaccine on or after first birthday and separated by at least 28 days
OR
- Mumps antibody titer (requires blood test) – **copy of the lab report must be submitted**

Varicella (chickenpox) ONE of the following is required:

- Documentation of **(2)** doses of varicella vaccine on or after first birthday and separated by at least 28 days
OR
- Varicella antibody titer (requires blood test) – **copy of the lab report must be submitted**

Hepatitis-B Surface Antibody Titer (IgG): (blood test is mandatory for Hep-B)

- **Copy of lab report must be submitted** indicating immunity for hepatitis-B
- If negative titer, booster vaccine(s) are available through Employee Health at no charge

**** NOTE ****

Insufficient documentation of prior vaccinations, followed by antibody titers with a negative or equivocal result will require subsequent booster vaccines. **Call Employee/Student Health with any questions (315-464-4260).**



Tetanus, Diphtheria, Pertussis Vaccination (Tdap)

- Documentation of (1) Tdap vaccination



Influenza vaccination

- Documentation of current flu vaccine during flu season



OSHA Questionnaire Form (F82087), answer questions 1 – 9



Resident Release of Information Form ~ for away clinical rotations.



Drug Screen Testing – complete following instructions outlined by Graduate Medical Education (GME)



Tuberculin Skin Test (PPD) will be placed on campus at New Resident Orientation

If previous positive PPD: Conversion date: _____ Induration: _____mm (provide documentation)

*** ~ Submit supporting documentation of past positive PPD.**

- **Chest x ray is required** within **12** months of starting program, if a history of positive PPD

Date: _____ Results: _____ **Enclose Report Copy**

- **Was treatment taken for a positive PPD?** Yes No

Medication: _____ Date Started: _____ Date Completed: _____



UPLOAD all forms and supporting documentation to **MEDHUB** by **May 18, 2018 deadline**

ANY **QUESTIONS**, please call ESH Office @ 315-464-4260 or Email: MarleyON@upstate.edu