

Preventative Health Form completion policy

It is the policy of the Graduate Medical Education Committee that all residents participating in residency education programs at the University of North Dakota School of Medicine & Health Sciences complete the Resident/Student Preventative Health Requirements form prior to the first day of clinical duties. (June 30)

Immunizations or titers are to be completed at the expense of the student or resident unless stated differently on the Resident/Student Preventative Health Requirements form.

**TB skin tests will be administered to incoming residents on the first day of resident orientation.

(Resident/Student Preventative Health Requirements form is attached)

RESIDENT/STUDENT PREVENTIVE HEALTH REQUIREMENTS

Preventive health requirements for rotations at the University of North Dakota School of Medicine affiliated hospitals. **Official proof of documentation includes:

- a) Copy of Immunization Records or
- b) Positive Serological (copy of record) or
- c) Physician Diagnosis (copy of record)

NAME: _____ DATE OF BIRTH: _____

1. TB Status: **A negative TB skin test within the last year, or if positive skin reaction, a negative chest x-ray within the last year.** *Previous history of BCG is not an exception from test requirement.

TB Skin Test: Test Date: _____ Result: _____

Chest X-ray: X-ray Date: _____ Result: _____

2. Measles (rubeola) Immune Status: **Requirement applies only to students who were born after December 31, 1956. Immunity to measles can be demonstrated in one of the following ways:**

- o **Prior history of infection –written documentation of physician diagnosed measles. (Note: a parental report of immunization/disease is not considered adequate).**
- o **Serologic evidence of immunity.**

Measles Titre: Date: _____ Result: _____

- o **Receipt of two doses of live virus measles vaccine (given at least one month apart) on or after the first birthday.**

Measles Vaccine:

1st Dose Date Received: _____

2nd Dose Date Received: _____

o **Not immune/susceptible**

3. Mumps Immune Status: **Requirement applies only to students who were born after December 31,1956. Immunity to mumps can be demonstrated in one of the following ways:**

- o **Prior history of infection – written documentation of physician diagnosed mumps (Note: a parental report of immunization/disease is not considered adequate).**

- o **Serologic evidence of immunity (ELISA or neutralization test):**

Mumps Titre: Date: _____ Result: _____

- o **Receipt of one dose of mumps vaccine on or after first birthday:**

Date Received: _____

- o **Not immune/susceptible**

Resident/Student Preventive Health Requirements

4. Rubella Immune Status: **Receipt of Rubella vaccine on or after the first birthday; or a serology showing non-susceptibility to rubella.**

Rubella Vaccine: Date Received: _____

Serologic evidence of immunity

Rubella Titre: Date: _____ Result: _____

Not immune/susceptible

5. Varicella Immune Status: **Definition of immune is either reaction of having chicken pox as a child or caring for your own child when they had chicken pox. Sibling illness is not considered a positive illness.**

Varicella Vaccine Date: _____ Result: _____

Serological evidence of immunity.

Varicella titre: Test date: _____ Result: _____

History of prior infection.

Not immune/susceptible

6. Hepatitis B Immune Status: **Immunity to Hepatitis B is strongly encouraged for your protection. Immunity can occur naturally or as a result of vaccination. Please check one of the following boxes. Students and residents who wish to receive the immunization need to report to their personal physician at their expense.**

I wish to receive three (3) series of Hepatitis B vaccine and authorize the recording of immunization information in my medical records.

I do not wish to be immunized with Hepatitis B vaccine at this time. I understand that due to my occupational exposure to blood, or other potentially infectious materials, I may be at risk of acquiring HB V (hepatitis B virus) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I will report to my personal physician for the vaccination series.

I have already had Hepatitis B -physician diagnosed.

I have already received the Hepatitis B immunization series.

1st Dose Date Received: _____
2nd Dose Date Received: _____
3rd Dose Date Received: _____

SIGNATURE

DATE