

VANDERBILT UNIVERSITY MEDICAL CENTER
STUDENT/INSTRUCTOR HEALTH SCREENING AND PREREQUISITE CHECKLIST

NAME OF PHYSICIAN YOU WILL BE SHADOWING: _____

Last Name: _____ First Name: _____

Social Security Number: _____

School: _____

1. Written evidence of either a negative TB skin test within the past twelve (12) months, or if you have had a positive TB skin test in the past, then provide a chest x-ray, demonstrating no evidence of active TB, dated within the past six (6) months.

Date of last TB skin tests: _____ Results: Negative Positive Documentation attached.

If positive, date and result of last chest X-ray: _____ Documentation attached.

2. Written documentation of two (2) live measles (rubeola) vaccines given no less than one month apart, after the first birthday; or written documentation of a measles/mumps/rubella (MMR) vaccine since 1989, or written documentation of laboratory evidence of immunity.

- _____ MMR/Rubeola vaccine Documentation attached
- _____ Rubeola infection Documentation attached
- _____ MMR Rubeola vaccine not applicable. Date of Birth: _____
- _____ Laboratory evidence of measles immunity attached

3. Written documentation of a positive varicella (chicken pox) titer drawn from a reputable laboratory: date and result; or written documentation of two (2) varicella vaccines given no less than one month apart and a post vaccine titer.

- _____ Varicella titer Documentation attached
- _____ Varicella vaccine Documentation attached.

4. Written documentation of completed series of three (3) Hepatitis-B vaccine, or provide written documentation of positive surface antibodies to hepatitis B, or documentation of informed refusal of the vaccine.

- _____ Series begun, has had _____ of three (3) Hepatitis-B immunizations, Documentation attached
- _____ Documentation of three (3) Hepatitis-B vaccinations attached
- _____ Documentation of informed refusal of the vaccine attached
- _____ Documentation of hepatitis B immunity attached

5. Written documentation of laboratory evidence of immunity to rubella (German measles) and mumps date and result. These titers are not necessary if the student/nurse/instructor received at least one dose of MMR or one dose each of Rubella vaccine and Mumps vaccine.

- _____ Immunity due to MMR or Rubella vaccine. Documentation attached.
- _____ Immunity to Rubella documented by positive titer. Documentation attached.
- _____ Immunity to Mumps documented by positive titer. Documentation attached.

6. It is recommended that you have a tetanus/diphtheria booster if ten (10) years have elapsed since your last booster.

Date of last booster: _____ Documentation attached.

7. A copy of the front and back of your health insurance card.