HEALTH REQUIREMENTS FORM

It is the policy of ProMedica facilities to ensure learners meet the appropriate health requirements determined by Employee Health prior to placement in a ProMedica Facility. Please review and submit the information below in conjunction with your health care provider or learning institution.

TO BE COMPLETED BY LEARNER

Name: ___________________________ Email: ___________________________

Phone #: ___________________________ Name / # of Emergency Contact: ___________________________

Sponsoring Institution/University/School: ___________________________

Learner's Program of Study (i.e. Medical Student, Nursing, Pharmacy): ___________________________

DOCUMENTED PROOF OF

Liability Coverage ($1M/$3) Yes ___ No ___ Current CPR: ___________________________ Exp. Date: ___________________________

REQUIRED PROOF OF IMMUNITY

VACCINE (series of 2 after the age of 1; at least 4 weeks apart, or proof of positive titer)

<table>
<thead>
<tr>
<th>Dates of Immunizations</th>
<th>Positive Immune Titer Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubella</td>
<td>___________________________</td>
</tr>
<tr>
<td>Rubeola</td>
<td>___________________________</td>
</tr>
<tr>
<td>Mumps</td>
<td>___________________________</td>
</tr>
<tr>
<td>Varicella</td>
<td>___________________________</td>
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</tbody>
</table>

VACCINE (series of 3)  Hepatitis B  

1. #1 ___________________________  #2 ___________________________  #3 ___________________________

or, I declined to receive Hepatitis B Vaccination Series

Initial Here: ___________________________

ANNUAL INFLUENZA VACCINE

ProMedica requires influenza vaccination for individuals employed or accessing facilities for learning experiences. If you have a medical or religious reason for declining the influenza vaccine, please be aware that you will be required to submit declination forms and follow ProMedica’s guidelines for masking during influenza season.

Influenza, administered September - March  Date of Most Recent Vaccine: ___________________________

REQUIRED TB DOCUMENTATION:

TB Skin Test or T-Spot are required for all learners

Initial 2-Step PPD:

- Date 1: ___________________________ Result: __ mm  Date 2: ___________________________ Result: __ mm

TB Test is required annually for learners in a long term care environment

PLUS documented proof of most recent annual PPD if initial 2-Step date is older than 12 months.

Most Recent PPD (must be within the previous 12 months)  Date: ___________________________ Result: __ mm

TB skin reaction test greater than 10 mm; or positive blood test for TB, attached documentation confirming completion of treatment by physician with appropriate therapy for 6-12 months

OR

T-Spot / Quantiferon:  Date: ___________________________ Result: ___________________________

FITNESS FOR DUTY

"The above named individual is fit for duty and free from communicable disease"  Exam Date: ___________________________

ATTESTATION BY LICENSED HEALTH PROFESSIONAL (MD, DO, NP, PA) OR AUTHORIZED DESIGNEE FROM THE SPONSORING INSTITUTION

Attestation: I certify that the individual named above, meets the criteria established above for learning experiences at ProMedica

Printed/Name & Title: ___________________________ Signature: ___________________________ Date: ___________________________

PROCESSING INSTRUCTIONS:

Submit to your ProMedica affiliation coordinator.

(Rev. 05/2015)