SHS Student Health Checklist Guidelines

TB Screening

Confirmation of a tuberculosis (TB) test is required. If you have no record of a TB test, you will need to have one taken and read at Samaritan Occupational Medicine or the facility of your choice. If you've had a positive TB test in the past, you will need to complete a TB Risk Factor Screening form and chest X-ray or provide the Student Services coordinator with a record of a chest X-ray dated within the past six months.

Measles (Rubeola), Mumps & Rubella

Please provide one of the following as evidence of MMR immunity:

- Two MMR vaccines, **OR**
- Two measles (rubeola), two mumps and one rubella vaccine, **OR**
- Laboratory evidence of measles, mumps and rubella immunity (titer)

Hepatitis B

Please provide one of the following as evidence of Hepatitis B (HBV) immunity:

- Three hepatitis B vaccines, **OR**
- Laboratory evidence of Hepatitis B immunity (titer)

Varicella (chickenpox)

Please provide one of the following as evidence of varicella immunity:

- Two varicella vaccines, **OR**
- If you had chickenpox as a child, provide laboratory evidence of varicella immunity (titer)

Influenza

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Students should receive an annual dose of the seasonal flu vaccine to prevent disease transmission.

Tdap

Please provide evidence of a single dose of the tetanus, diphtheria and pertussis (Tdap) vaccine within the past 10 years.

COVID-19

Please provide evidence indicating you have successfully completed a CDC recommended vaccination series for COVID-19 or select “declined COVID-19 vaccination” on the health testing checklist.

Definition of Health Care Personnel (HCP)

HCP refers to all paid and **unpaid** persons working in a health care setting who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces or contaminated air. HCP includes persons directly or indirectly involved in patient care who can be potentially exposed to infectious agents that can be transmitted to and from HCP and patients. These requirements apply to HCP working in (but not limited to) the following settings: acute care hospitals, nursing homes, skilled nursing facilities, physician’s offices, urgent care centers, outpatient clinics, and to persons who provide home health care and emergency medical services.

Definition of Titer

A titer is a laboratory test that measures the level of antibodies in a blood sample to determine immunity.

It is your responsibility to store documentation of required tests and immunizations, and you must be able to provide all documentation within 48 hours if requested by Student Services.

Possible acceptable documentation may come from electronic medical records or the Oregon Alert System. School health records marked 'outside/unknown provider' will not be accepted. If you do not have vaccination records, you may seek out a health care provider to have titers completed for each of the immunity statuses.

Job Shadow Health Testing: Checklist

Name (Print):________________________________ Phone Number: ____________________________

It is the responsibility of the student to have these tests and immunizations completed prior to the first day of experience. Please enter the date in which you received the vaccination. *By signing this form, you are attesting that you have received all required vaccinations on the given dates and that you will be able to provide the necessary documentation of these vaccinations within 48 hours if requested.*

	Please initial in each box acknowledging you have received the vaccine
TB Screening Date___/___/___ Result *_________ *If you have ever had a positive TB skin test, please complete the TB Risk Factor Screening form **and** email a copy of the last chest X-ray report to studentservices@samhealth.org*	
Measles, Mumps and Rubella Vaccine **MMR Dates: 1st Dose: ___/___/___ 2nd Dose: ___/___/___** *OR* *Measles Titer___/___/___ + Mumps Titer ___/___/___ + Rubella Titer ___/___/___*	
Hepatitis B Vaccine **Hep B: 1st Dose___/___/___ 2nd Dose ___/___/___ 3rd Dose ___/___/___** *OR* *Hep B Titer Date: ___/___/___ Result ___________*	
Varicella Vaccine **Varicella: 1st Dose___/___/___ 2nd Dose ___/___/___** *OR* *Varicella Titer Date: ___/___/___ Result ______________*	
Tetanus, Diphtheria and Pertussis **Tdap Date: ___/___/___**	
Influenza **I received the seasonal flu vaccine on ___/___/___** *I decline to be vaccinated against influenza* ____* *(Signature)* **If you decline to be vaccinated against influenza, you may be required to wear a mask or have your rotation suspended or revoked.*	
COVID-19 Vaccine **1st Dose___/___/___ 2nd Dose___/___/___ Manufacturer(s) ______________** *OR I decline to be vaccinated against COVID-19* ____ *(Signature)*	

By signing below, I attest the information provided is true, complete, and accurate to the best of my knowledge. ***I acknowledge I am able to provide legal documentation of each vaccination within 48 hours of the request:***

____ ______________

(Signature of Student) *(Date)*

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Samaritan Health Services