



## Employee Health 169 Pilgrim Road – Libby Building Boston, MA 02215

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To: BIDMC Applicants, Physicians, Volunteers, and External Personnel

From: Daniel McTigue, RN

Clinical Ops Manager, Employee Health

Welcome to Beth Israel Deaconess Medical Center! In order to meet BIDMC Infection Control policies, official documentation (i.e. completed by your medical provider/clinic OR laboratory results) of **TB screening** and **immunizations** must be provided prior to your start date. <u>You will not be able to begin work at BIDMC until all</u> required documentation listed below is received and approved.

TB Screening									
TB Skin Testing	IGRA Blood Test (Q-Gold, T-Spot)	History of Positive TB Screening							
One TB skin test done within past year of hire date; a second TB test within three months of hire date.	One test done within 3 months of hire	Report of Chest X-Ray, within 10 years of hire date, done specifically for TB evaluation; documentation of treatment; symptom review within three months of hire date.							

Immunizations					
Measles (Rubeola)	Two (2) vaccines <b>or</b> a positive blood test result				
Mumps	Two (2) vaccines <b>or</b> a positive blood test result				
Rubella (German Measles)	One (1) vaccination <b>or</b> a positive blood test result				
Varicella (Chickenpox)	Official documentation of two (2) vaccines or a positive blood test result				
Tetanus-Diptheria-Pertussis*	Official documentation of one (1) vaccine within 10 years *(highly recommended)				
Hepatitis B	Official documentation of three vaccines and Hepatitis B surface antibody (if patient contact)				
Influenza	Official documentation of vaccination from most recent flu season				

Please have this sheet accompany the requirements above, and either email or fax to Employee Health

Name:Address:BIDMC Department:BIDMC Contact/Supervisor:		City: BIDMC Position:		State	State:		_ E-Mail:				
Status (circle one): BIDMC Signature:	HMFP /	APG Student	Rotato	r Observer	Agency						
TO BE COMPLETED BY EMPLOYEE HEALTH											
□ <b>HOLD,</b> Date:	Pending:	TB Test/IGRA	CXR	Measles/Mun	nps/Rubel	la Varicella	Tdap I	Hepatitis B	Influenza		
□ CLEARED, Date:	, Emp	loyee Health D	esignee:								