Beth Israel Deaconess Medical Center

A major teaching hospital of Harvard Medical School

Beth Israel Deaconess Medical Center
Employee/Occupational Health Service
West Campus, Lowry Medical Office Building, Suite 6C
Hours: Monday-Friday: 7:30am to 4 pm
Phone: (617) 632-0710 FAX: (617)-632-0906

To: BIDMC Applicants

From: Employee Occupational Health and
Dieter Affeln, M.D.
Medical Director, Employee/Occupational Health
Beth Israel Deaconess Medical Center

In order for your application to be finalized, the following information is required to meet BIDMC requirements, which are based on the following: state and federal regulations; Joint Commission Standards; and Infection Control policies. Your application will not be processed until all required documentation listed below is received and approved by Employee/Occupational Health. This information is necessary in order so that we may protect both our patient population and you from potential infections of public health significance.

Official documentation (i.e. completed by your medical provider/clinic OR laboratory results) of your immunizations must be PROVIDED to the Employee/Occupational Health Services prior to your start date at the Medical Center and shall include the following:

1. Tuberculosis (TB) test: Official documentation within past three months of your start date, as well as a prior documented skin test within the year. If you cannot provide this documentation, you will be required to complete 2-step TB testing (baseline skin testing and repeat testing in 1-3 weeks). If you are here for less than three months, documentation of one TB test within the past three months is sufficient.
   - Those with history of BCG are required to have TB testing.
   - Those with history of positive TB test must submit both:
     - Official documentation of the positive result in MM of induration
     - Report of chest x-ray performed within past year
2. Rubella (German measles): Official documentation of vaccine or positive blood test result
3. Rubeola (Measles): Official documentation of two vaccines or positive blood test
4. Mumps: Official documentation of two vaccines or a positive blood test
5. Tetanus-Diphtheria Booster: Official documentation of vaccine with in the last 10 years
6. Varicella: Official documentation of two varicella vaccines or positive blood test if no hx of disease

FOR ALL THOSE WHO WILL HAVE DIRECT PATIENT AND/OR BLOOD /BODY FLUID CONTACT:

7. Hepatitis B Vaccine: Official documentation of positive Hepatitis B vaccine surface antibody titer. If you are here for less than three months, documentation of just the vaccine series is sufficient.

Please have this sheet accompany the required immunization information listed above, and fax to Employee/Occupational Health at 617-632-0906.
Please print the following information:

Name:_____ Date of Birth:_____ Social Security:_____
Address:_____ City: _____State:_____ Zip Code_____
Telephone:_____
Department/Position:_____ Start Date_____ End Date_____
Department Contact Person phone/fax _____
Signature:_____ Date_____

TO BE COMPLETED BY EMPLOYEE/OCCUPATIONAL HEALTH

☐ HOLD, Date: _____
Pending:_____

☐ CLEARED, Signature RN: Date:

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