Welcome to Vanderbilt! The Occupational Health Clinic is dedicated to protecting your health while you work. To meet the Medical Center’s requirements, you will need documentation for the following immunizations and/or tests before beginning work. If you do not have complete records, Occupational Health will provide any needed immunizations or tests during orientation.

**VUMC IMMUNIZATION/SCREENING REQUIREMENTS**

**Hepatitis B:** If you have the potential to come in contact with human blood or body fluids as part of your employment here, you must document either
- A. A completed series of 3 hepatitis B vaccines, or
- B. A hepatitis B vaccine series in progress, or
- C. Laboratory evidence of immunity to hepatitis B, or
- D. Informed refusal of the vaccine (by signing declination form at the Vanderbilt Occupational Health Clinic.)

**Varicella:** A history of chickenpox infection is not adequate. You need either
- A. If never vaccinated, laboratory evidence of varicella immunity (with date and result), or
- B. If vaccinated, documentation of TWO doses of varicella vaccine. One vaccine followed by a positive lab test is not adequate.

**MMR**

**Measles (rubeola):** If born on or after 1/1/1957, documentation of either
- A. Two live measles or MMR vaccines at least a month apart, after the first birthday, or
- B. Laboratory evidence of immunity to rubeola (date and result)

**Mumps:** If born on or after 1/1/1957, documentation of either
- A. One live mumps or MMR vaccine after the first birthday, or
- B. Laboratory evidence of immunity to mumps (date and result)

**Rubella (German measles):** (Regardless of birth date)
- A. Documentation of a rubella or MMR vaccine after the first birthday, or
- B. Laboratory evidence of immunity to rubella (date and result)

**Pertussis (Tdap):** Documentation of one Tdap as an adolescent or adult (age 11 or older.)
Tdap is a form of tetanus/diphtheria vaccine with pertussis (whooping cough) protection. Childhood DTP/DTaP series and adult Td boosters do not satisfy the Tdap requirement.

**Tuberculosis:**
- A. Written documentation of 2 negative TB skin tests within the past 12 months, with the most recent being within the past 3 months, or
- B. A negative IGRA blood test (such as QuantiFERON or T-Spot) within the last 3 months, or
- C. If you have a prior positive skin test (or positive IGRA such as QuantiFERON or T-spot) you must have a chest X-ray no more than 6 months prior to your start date.

**NOTE:** If you have had BCG vaccine, you ARE still required to undergo TB skin testing or IGRA blood testing, unless you have also had a previous positive TB skin test or IGRA.
If you have a previous positive skin test (>10mm induration) or a positive IGRA (e.g. QuantiFERON or T-Spot), complete the information below and upload to the occupational health website:

Name: __________________________________________________ DOB: ______________

Positive TB Test History
Date of positive TB Skin Test: ___________

Have you ever had a TB Blood Test? ______ If so, what was the date and result of your most recent test. Date: ___________ Result: ____________

Had you had a BCG vaccine in the 5 years before your positive test? N____Y____

Exposure History
- Born or lived outside USA N___ Y___ Country________________
- Community exposure to active TB N___ Y___ Date_________
- Previous employment exposure N___ Y___ Date_________

Symptom History: Have you experienced any of the following symptoms within the past 6 months?
- Unplanned weight loss------------------------------------------Y / N
- Night sweats--------------------------------------------------Y / N
- Fever lasting several weeks----------------------------------Y / N
- Frequent cough in the absence of a cold or flu-------------Y / N
- Coughing up blood or blood streaked sputum---------------Y / N
- Chest pain or pain in the chest when taking a breath-----Y / N
- Shortness of breath/difficulty breathing-------------------Y / N

Treatment History

Prior TB treatment N___ Y___ Date________ # Months treated_______

I certify that the above information set forth in this document is true and complete to the best of my knowledge.

_____________________________________       ______________
Signature          Date

If you have pertinent Vanderbilt records, let us know:
□ I have worked at VUMC previously – please review my old employee records.
□ I have had labs/vaccines as a patient or student at Vanderbilt - please review my medical records.

Signature required: _______________________________________________