

**Contracted (Agency) Staff
 Definitions & Criteria for Current Immune Status**

NAME:		JOB CLASS:	
SSN:	DOB:	AGENCY:	
One of the following must apply for each disease		Provide Date and Applicable Test Result	
CHICKENPOX (Varicella)			
* Positive history, physician diagnosed, or		Age of illness:	
* Positive serology (blood test for antibody) or		Date of test:	Result:
* Two doses of varcella vaccine, born after 1995		Date of Dose 1:	Dose 2:
MEASLES (Rubeola)			
* Positive serology (blood test for antibody) or		Date of test:	Result:
* Two doses of measles containing vaccine, both after 1968 and after age 12 months		Date of Dose 1:	Date of Dose 2:
MUMPS			
* Positive serology (blood test for antibody) or		Date of test:	Result:
* Two doses of mumps containing vaccine, both after 1968 and after age 12 months		Date of Dose 1:	Date of Dose 2:
RUBELLA (German Measles)			
* Positive serology (blood test for antibody) or		Date of test:	Result:
* Two doses of rubella containing vaccine, both after 1968 and after age 12 months		Date of Dose 1:	Date of Dose 2:
HEPATITIS B <i>Regulatory requirement for screening: offer of immunization or have a waiver of immunization signed.</i>			
* Positive serology (blood test for antibody) or		Date of test:	Result:
* Completion of series of three doses of vaccine		Date of Dose 1:	Date of Dose 2:
		Date of Dose 3:	
TUBERCULOSIS SCREENING <i>Regulatory requirement for screening.</i>			
Tuberculosis screening is required on entry into the University of Washington system.		Date of PPD:	Result: mm of induration
* Personnel with non-reactive TB skin tests shall have a baseline screen within 6 weeks of starting duty at Harborview Medical Center Complete PPD section only.		Date of Chest X ray (for PPD reactors):	Results:
* Personnel with prior reactive TB skin tests (PPD positive) must provide written documentation of the PPD and most recent chest x-ray report, and must be free of symptoms of active tuberculosis (TB Review). Complete all sections and sign TB review.		TB review: The symptoms of active tuberculosis disease may include: Cough (lasting more than 2 weeks) with or without bloody sputum, unexplained fever, chronic fatigue and/or night sweats with one or more of the above symptoms.	
INFLUENZA Annual immunization with current year's trivalent vaccine	Diphtheria, Tetanus and Pertussis are required TDAP Completion of primary series and booster doses every 10 yrs	I have not experienced any of the symptoms noted above in the past year. I understand that if I experience any of these symptoms, I should contact the Employee Health Service or my primary care provider.	
Date Administered:	Date Administered:	Employee Signature: (Can be signed at Orientation)	Date:
The employee has provided documentation for the above stated immunizations or blood tests and the agency or employee can provide copies as needed.			
Agency's Signature:		Print Name:	
Title:		Date:	
Please fax or e-mail completed and signed form to the Inpatient Nursing Traveler Office. Thank you			