

## Contract Worker and Traveler Screening Form

To be completed by agency for personnel who will be working with patients or staff who work directly with patients

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Agency \_\_\_\_\_

Assigned NSMC Dept \_\_\_\_\_ Manager \_\_\_\_\_

**Immunization & Tuberculosis screening requirement**

- A) We have documentation of a negative TB test within the past year
- B) The employee has a history of a positive TB skin test and we have documentation a chest x ray showing no active disease within the past 12 months

We have documentation of A or B on file  yes  no

**MMR immunity requirement:**

- A) We have documentation of two doses of MMR vaccine
- B) We have documentation of titers showing immunity to Measles, Mumps and Rubella

We have documentation of A or B on file  yes  no

**Varicella immunity requirement:**

- A) Employee states he has had chicken pox,
- B) We have documentation of he/she having received two doses of Varicella Vaccine
- C) We have Varicella Titer showing immunity

We have documentation of A, B or C on file  yes  no

**Medical clearance requirement:**

We have documentation from the above employee's physician that they are medically healthy and clear of communicable disease  yes  no

**BELOW IS FOR DIRECT CARE PROVIDERS ONLY:**

**Hepatitis B: Hepatitis B vaccination is highly Recommended but not required**

- A) is currently in process of receiving immunization series
- B) We have documentation of declination
- C) We have documentation of Hepatitis B immunity by titer
- D) Employee is a non responder per CDC guidelines

We have documentation of A, B, C or D on file  yes  no

**Color Vision**

- A) We have documentation that this employee is not color deficient
- B) This employee is color deficient and will not be able to quaiac stools, dipstick urines, or perform any other test requiring color discrimination

We have documentation of A, B, C or D on file  yes  no

**Respirator Fit testing:** Has been fit tested for 3M N95 respirator Size \_\_\_\_\_  not fitted

\_\_\_\_\_  
Signed name of agency personnel completing form

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Printed name of agency personnel completing form