

Kaiser Permanente South Bay Medical Center – Employee Health Services

STUDENT HEALTH SCREENING REQUIREMENTS

Student Name:	Da	ate of Birth:	of Birth: Unit/Dept:					
School:	R	_ Rotation Start Date:			Rotation End Date:			
Please enter appropriate date s	and provide written documen	tation:						
Tdap (Tetanus, Diphtheria, & Pertussis)	Include: Written documentation showing adequate vaccination or signed declination form	Date of Vaccination:			☐ Declination Form Note: Students entering MCH (L&D/Post Partum/NICU) or OB/Pediatrics may NOT decline Tdap. No exceptions!			
Seasonal Flu	Include: Written documentation showing adequate vaccination	Vaccine Name: Lot # Exp. Date:			Date of Vaccination:			
Rubeola (Measles)	Include: Laboratory evidence of immunity or written documentation showing adequate vaccination	Lab Evidence of Immunity 1st Dose Giv Date: Date:			2 nd Dose Given (>4 weeks later) Date:			
Mumps	Include: Laboratory evidence of immunity or written documentation showing adequate vaccination	Lab Evidence of Imm Date:	Evidence of Immunity 1st Dose Give: Date:			2 nd Dose Given (4 weeks later) Date:		
Rubella (German Measles)	Include: Laboratory evidence of immunity or written documentation showing adequate vaccination	Lab Evidence of Immunity Date:			1 st Dose Given Date:			
Varicella (Chickenpox)	Include: Laboratory evidence of immunity or written documentation showing adequate vaccination	Lab Evidence of Immunity Date: 1st Dose Giv Date:			n 2 nd Dose Given (4-8 weeks later) Date:			
Hepatitis B	Include: Laboratory evidence of immunity or written documentation showing adequate vaccination or signed declination form	Lab Evidence of Immunity Date: Declination Fo	Immunity Date:			2 nd Dose Given Date: Date: 2rd Dose Given Date:		
Tuberculosis (TB) Screening (PPD administered intradermally, results measured and recorded in millimeters induration at 48-72 hrs.)	Negative PPD (must include written documentation) non-reactive PPD within last 12 months mm of induration Date: AND Second non-reactive PPD within last 24 months mm of induration Date: OR non-reactive IGRA (QFT or T-spot) within last 12 months			Positive PPD (must include written documentation) Reactive PPD and/or INH Therapy mm of induration Date: AND Negative Chest X-Ray Report within 1 year of starting current Academic Program Date:				
By signing below, I am attesti during this individual's clinica	ing that the above information Il rotation.	is accurate and can	be m	ade availablo	e to Kaiser P	ermar	nente at any timo	
School representative:								
Name	<u>-</u>	ature		Phone N	umber		Date	