

UNIVERSITY OF NORTH CAROLINA HEALTH CARE PRE-EMPLOYMENT VACCINE CHECKLIST

All University of North Carolina Health Care employees are required to have documented immunity to the following diseases:

- Influenza
- Measles, mumps, and rubella (MMR)
- Pertussis (whooping cough)
- Tuberculosis (TB) screening
- Varicella (chicken pox)
- Hepatitis B (recommended, not required)

Healthcare personnel (HCP) can prove immunity for each of these diseases in the following ways:

<input type="checkbox"/>	Complete	Influenza
VACCINE	HCP must provide official documentation of vaccination for the current flu season (Sept-May).	

<input type="checkbox"/>	Complete - One (1) of the options below:	Measles, Mumps, and Rubella
1. AGE	HCP born before 1957 are assumed to be immune from these diseases and require no further proof of immunity.	
2. VACCINE	HCP must provide official documentation of 2 MMR vaccines. ---OR--- HCP must provide documentation of individual vaccines totaling 2 Measles, 2 Mumps, and 2 Rubella vaccinations.	
3. TITER	Official documentation of positive laboratory titers.	

<input type="checkbox"/>	Complete	Pertussis
VACCINE	HCP must provide vaccine record of one Tdap as an adult or child.	

<input type="checkbox"/>	Complete	Tuberculosis
TESTING	HCP must provide record of 2 tuberculin skin tests performed within a 12 month period (2 step skin testing). If that testing was performed greater than 12 months ago, an annual screening must be completed. An IGRA performed within the last 12 months will be accepted as documentation for TB testing. (If HCP have a history of positive TST or IGRA, official documentation of the most recent chest x-ray with official interpretation by a radiologist should be provided. Please also provide any documentation of latent tuberculosis treatment.)	

<input type="checkbox"/>	Complete - One (1) of the options below:	Varicella (Chicken Pox)
1. VACCINE	HCP must provide official documentation of 2 Varicella (chicken pox) vaccines or 1 Zostavax vaccine (shingles).	
2. TITER	Official documentation of positive laboratory titer.	

<input type="checkbox"/>	Complete - One (1) of the options below:	*Hepatitis B
1. VACCINE	HCP must provide official documentation of vaccination. HCP should have a total of 3 vaccines to complete one series of Hepatitis B vaccines.	
2. TITER	A positive laboratory titer is accepted as proof of immunity.	

*Hepatitis B vaccination is not required but highly recommended for those HCP who work in job classifications that have potential for blood or body fluid exposure. If you are unsure if your job falls into these categories, please contact Occupational Health or your manager for clarification.

UNIVERSITY OF NORTH CAROLINA HEALTH CARE VACCINATION VERIFICATION FORM

Legal Name: _____ Date of Birth: _____ Job Title: _____

THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR PERSONAL PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT. LIP SIGNATURE REQUIRED.

TUBERCULOSIS SCREENING				
		<i>Step 1</i>	<i>Step 2</i>	<i>Annual</i>
TB Skin Test (TST) - 2 step history (2 TB skin tests placed at least 1 week apart but within 1 year) with at least one test in the last 12 months.	Date Placed:			
	Date Read:			
	Induration (mm):			
	Result (Pos/Neg.):			
IGRA (T-Spot, Quantiferon Gold, etc.)	Date:			
	Result:			
Chest x-ray - in the last two years with documentation of official report.		Date:		

REQUIRED IMMUNIZATIONS				
	Vaccinations	Titer(s)		
Tdap (One vaccine as an adult or child).	(#1)			
MMR Two MMR vaccinations at least 1 month apart given after age 1. ---OR--- Born prior to 1957 (exempt) ---OR--- Positive titers to Measles, Mumps, and Rubella ---OR--- Documentation of 2 Measles, 2 Mumps, and 1 Rubella vaccination.	(#1)	(#2)	Titer positive date: Measles	Titer positive date: Mumps
Varicella (chicken pox) Series of two doses or immunity by positive blood titer.	(#1)	(#2)	Titer Positive date:	Titer positive date: Rubella
Flu Vaccine (annually)	(#1)			

RECOMMENDED IMMUNIZATIONS				
	Vaccinations			Titer
	mo/day/year	mo/day/year	mo/day/year	Titer Date/Result
Hepatitis B Vaccine (Hepatitis B vaccine is a 3 vaccine series that is completed at intervals recommended by the CDC. If a negative HBsAB is found after a completed first series, a second series may be indicated. If a second negative HBsAB is resulted after a completed second series, diagnosis of non-responder.)	<i>1st Series</i>			
	(#1)	(#2)	(#3)	Titer
	<i>2nd Series (if given)</i>			
	(#1)	(#2)	(#3)	Titer

FORM MUST BE COMPLETED AND SIGNED BY YOUR PERSONAL PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT. LIP SIGNATURE REQUIRED.

Signature of Physician/Nurse Practitioner/Physician Assistant Date

Printed name of Physician/Nurse Practitioner/Physician Assistant Phone number

Office Address City State Zip Code