



## Infection Control Standards for Health Clearance

- **Tuberculosis Screening and Chest X-Rays**

One of the following is required:

- a. Documentation of 2 step TB testing; #1 TST within 1 year of screening date, #2 TST within 3 months of start date  
**OR**
- b. Documentation of a negative IGRA (QFT or T-Spot) within 3 months of screening start date
- c. For individuals known to be TB skin test positive or who have positive IGRA, documentation of a chest x-ray report which rules out active tuberculosis is required. Complete Symptom Review on page 1.

- **Measles, Mumps, and Rubella Immunity Required**

One of the following is required:

- a. Documentation of two measles vaccines, two mumps vaccine, and one rubella vaccine or documentation of two MMR vaccines  
**OR**
- b. Proof of immunity to measles, mumps and rubella by IgG antibody titer (blood test).

- **Hepatitis B Vaccine**

For individuals who may be exposed to blood or body fluids during their experience at MGB:

- a. Documentation of the hepatitis B series  
**AND**
- b. Positive antibody test for hepatitis B.  
BWH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work

- **Chicken Pox Immunity Required**

One of the following is required:

- a. Proof of immunity to chicken pox by IgG antibody titer (blood test)  
**OR**
- b. Documentation of two varicella vaccinations after your first birthday  
**OR**
- c. Reliable history of Varicella Disease

- **Tdap/Td**

All Residents/Clinical Fellows are required to have a documented Tdap. Up to date Tdap/Td is recommended.

- **Influenza**

MGB requires all staff to receive a **seasonal** flu vaccine.

- **COVID Vaccine:** Completion of COVID Vaccination and a Booster is required for all staff.

The original vaccine must be a WHO approved vaccination.

Pfizer, Moderna and Johnson and Johnson are the only accepted Booster

Employees who request a religious or medical exemption must meet MGB standards for these exemptions. These exemptions must be approved prior to start.



OCCUPATIONAL HEALTH SERVICES

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Sponsored Staff Questionnaire: Please complete

COVID-19 TESTING: Have you tested POSITIVE for COVID 19 in the last 90 days YES \_\_\_\_ NO \_\_\_\_

If YES, provide date: \_\_\_\_\_

COVID Symptoms

If you have fever, cough (not related to a chronic condition), shortness of breath, sore throat, runny nose (not related to allergies), muscle aches, loss of smell/taste you may not come to any BWH site. Stay home and notify your sponsor.

TB Risk Screening:

Have you lived for more than one month in a country with a high rate of TB ? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)

YES \_\_\_\_ NO \_\_\_\_

Are you immunosuppressed? YES \_\_\_\_ NO \_\_\_\_

Have you had close contact with someone who had infectious TB disease since your last TB screening?

YES \_\_\_\_ NO \_\_\_\_

Additional Questions:

Will you be working with Animals? Yes \_\_\_\_ No \_\_\_\_

Will you perform direct patient care? Yes \_\_\_\_ No \_\_\_\_

Sponsored staff (Print name) \_\_\_\_\_

Sponsored Staff (Sign Name) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_