The principal teaching hospital for Tufts University School of Medicine

Tufts Medical Center

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Boston, Massachusetts 02111
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ROTATOR NAME: _____

ROTATION DEPARTMENT: _____

ROTATION DATES: FROM: _____ **TO:** _____

TUFTS MEDICAL CENTER
EMPLOYEE HEALTH CLEARANCE

To protect our patients and to provide a safe and healthful workplace, rotating residents and fellows are required to meet all Tufts Medical Center Infection Control Requirements **prior** to their rotation. You will not be allowed to rotate until the TuftsMC Department of Graduate Medical Education receives this form signed by your institution's current Health Screening Department or a Health Clearance report from your home institution's Employee Health Department stating you meet these requirements.

The following are our Infection Control Requirements:

TUBERCULOSIS SCREENING:	MEASLES, MUMPS, RUBELLA (MMR):
A negative TB skin test within the past year **or** if previously tested positive this person has provided their institution documentation of their evaluation and/or treatment and a chest x-ray report.	If born after 1957, completion of two vaccinations, or a blood test result showing immunity (protection) against these viruses. If born before 1957 only one vaccination is required.
TETANUS and DIPHTHERIA (Td) BOOSTER	**HEPATITIS B IMMUNIZATION (if applicable) :**
Td booster within the past 10 years or a recent Tdap.	Completion of 3 vaccine series or a signed waiver declining the vaccination.
CHICKEN POX (VARICELLA)	**SPECIAL RESTRICTION/ACCOMODATION**
History of chicken pox disease or a varicella titer.	Please list any special restrictions or requirements on the other side of this form (if applicable)

Please have your Health Screening Office signed below stating that you have met the infection control requirements above for the proposed rotation at Tufts Medical Center.

EMPLOYEE HEALTH SIGNATURE: _____

INSTITUTION: _____

PHONE NUMBER: _____ **DATE:** _____