



Observation **health clearance requirements.**

All observers working at MedStar Montgomery Medical Center are required to meet all the health requirements outlined below. Please provide documentation of vaccinations and most recent TB test (T-spot, TB quantiferon, or two step PPD) or have your physician or nurse practitioner complete and sign the Volunteer Health Clearance Form.

REQUIRED IMMUNIZATIONS

MMR

Measles (Rubeola)

Mumps

Rubella

VARICELLA (Chicken Pox)

REQUIREMENTS

- 2 MMRs are required
- 1. Born before 1957—one vaccination or positive titer; born in 1957 or after—two vaccinations or positive rubeola titer.
- 2. Born before 1957—one vaccination or positive mumps titer; born in 1957 or after— two vaccinations or positive mumps titer.
- 3. One vaccination or positive rubella titer.
- 4. Two vaccinations or positive varicella titer.

TUBERCULOSIS SKIN TESTING (TST)

- Negative PPD test within the past 12 months. If no history or negative PPD skin test in prior 12 months, complete two-step PPD test; OR
- Negative IGRA—Quantiferon Gold/T Spot test result (a current test result)
- If history of a POSITIVE TEST, a negative chest X-ray report after the date of positive test completed within prior one (1) year.

COVID-19

Primary vaccination required

What tests am I required to complete every year?

- A TB questionnaire is required of all volunteers with a history of positive test every year.
- Seasonal Flu Vaccination (required during the current Flu Season (Oct. through March))

Observation health clearance form.

Name: Last _____ First _____ MI _____ Date of Birth: _____
 Home Phone: _____ Cell Phone: _____ ID# or SS# _____
 Address: _____ City/State/ZIP: _____
 Email: _____

I. TB TESTING

- **TB TEST RESULT is required within 12 months of this application.**
- Documentation of IGRA (T-Spot or Quantiferon TB Gold (blood test) OR Tuberculin Skin Test (TST/PPD) is accepted.
- Previous POSITIVE candidates DO NOT REQUIRE current TESTING. Report date of previous Positive Test only.

IGRA TEST- T-Spot or Quantiferon TB Gold (blood test)

DATE _____ RESULT _____ TYPE (T-Spot or Quantiferon) _____

TB SKIN TEST (PPD) (If you have documentation of prior **negative** PPD, complete Step 1 PPD within 12 months of this application, Step 2 is required with no prior negative PPD test)

Prior negative TB test NO YES **Date of Negative test** _____ (complete Step 1 or IGRA TEST)

Step 1 PPD-TST Administration PPD STEP 1

DATE/TIME _____ LOT # _____ PLANTED BY: _____ RESULT _____
 MM Induration _____ Negative Positive

Step 2 PPD-TST

DATE/TIME _____ LOT # _____ PLANTED BY: _____ RESULT _____
 MM Induration _____ Negative Positive

POSITIVE TB RESULT (Complete if Positive Test only)

DATE OF POSITIVE TEST _____ DATE OF CHEST X-RAY _____ RESULT _____
 TREATMENT FOR LATENT TB _____ NOT COMPLETED _____ COMPLETED DATE _____

II. Flu Vaccination (Required during the current Flu Season (Oct. through March)

Date of Flu Vaccine _____ Manufacturer _____ Lot # _____

III. COVID-19 Vaccination

Dose	Product Name/Manufacturer	Lot Number	Date Administered	Healthcare Professional or Clinic Site
First COVID-19				
Second COVID-19				
Other				
Other				

IV. Measles, Mumps, Rubella, Varicella (Chicken Pox) History

Provide documentation of your MMR/Varicella (Chicken Pox) vaccination record OR titer results (immune or non-immune).

Vaccine date

#1 MMR Date given _____
 #2 MMR Date given _____
 #1 Varicella Date given _____
 #2 Varicella Date given _____

Titer date/Results

MMR Date _____ Result _____
 Varicella Date _____ Result _____

This form must be completed and signed by your medical provider.

Provider Name (printed) _____ Address _____ Phone _____

Signature _____ Date _____