

NAME: _____ DOB: _____

Infectious Disease Requirements for Faculty/Students Assigned Clinical Experience At UVa Health Sciences Center

The following are requirements that must be **met prior** to faculty/student assignment to UVa:

A. Immunizations

1. COVID 19 vaccination date(s):
 - Manufacturer _____
 - Date(s) of administration:
 - _____ (1st dose)
 - _____ (2nd dose) *if other than Johnson & Johnson*
 - _____ Booster date (latest)
2. Td (diphtheria-tetanus) or Tdap All faculty/students are advised to receive:
 - Booster dose every 10 years
DATE OF Last Booster _____ **Type: Td or Tdap**
3. 2 doses Measles, Mumps and Rubella (MR or MMR are acceptable) recommended unless:
 - Only need one if born prior to 1957 Date of MMR: _____
If Born in or after 1957 and has received 2 doses including a booster since 1980.
DATE OF LAST BOOSTER _____
 - Documentation of vaccination or disease (by laboratory report)
DATE LAB TEST DONE _____
RESULTS OF LAB TEST _____
COMMENTS _____
4. 3 doses of the Hepatitis B vaccine are recommended for all health care faculty/students who are not protected against the disease.
 - DATE OF Last Booster _____
 - **COMMENTS** _____
5. 2 doses of Varicella vaccine or documentation of disease is recommended for all health care faculty/students who are not protected against the disease.
 - Disease Date: _____ or Date of booster: _____
 - **COMMENTS** _____
6. Yearly Flu vaccine date: _____
 - Without documentation of a flu vaccine student must meet the criteria for and complete / sign a declination form.

B. Tuberculosis Screening - Documentation

Documentation of an intermediate strength PPD skin test done within the last year and **annually**.

DATE OF PPD SKIN TEST _____

RESULTS OF SKIN TEST _____

With history of positive PPD, documentation of a chest x-ray report showing no active disease after positive PPD and current annual assessment should be submitted.

CHEST X-RAY RESULTS _____

Physician Signature or Designee

Physician Printed Name

Phone Number

Date