

## Student Health Requirements

In supporting and creating healthier caregiver communities and to promote our vision of Health for a Better World, our student/agency/vendor/contractor partners must have the following health requirements assessed before starting their regular work assignment /rotation/shadow/visitation in any Providence St. Joseph Health facility or affiliate building where patients are treated, or caregivers perform work.

### Please provide documentation to your administrator to keep on file:

Health Requirement	Check
<b>Annual Health Screen -CA HCC Caregivers Only</b> Indicate free of infectious disease, able to work with or without accommodation (specify any accommodations needed) and signed by MD, DO, NP or PA	
<b>Tuberculosis Testing</b> -- Tuberculosis testing; IGRA or Q-Gold blood test or two-step tuberculin skin test current within the last 12 months, and annual as per ministry requirements. If history of positive please provide copies of chest x-ray results after positive TB test and medical clearance note from your provider.	
<b>Measles, Mumps, Rubella (MMR)</b> – Documentation of 2 MMR’s at least four weeks apart after the age of one and/or positive laboratory titer. If laboratory titers are negative, one of the below actions must be completed: <ol style="list-style-type: none"> <li>1. Written vaccination declination</li> <li>2. Acceptance of vaccine</li> </ol> <i>(Rubella vaccination is required in Alaska)</i>	
<b>Varicella (Chicken pox)</b> – Documentation of 2 doses of varicella at least four weeks apart and/or positive laboratory titer. If laboratory titers are negative, one of the below actions must be completed: <ol style="list-style-type: none"> <li>1. Written vaccination declination</li> <li>2. Acceptance of vaccine</li> </ol>	
<b>Hepatitis B (Hep B)</b> - Documentation of Hepatitis B vaccinations (series of 3 Engerix or Recombivax or 2 Hepsiv) and positive laboratory titer. If laboratory titers are negative, one of the below actions must be completed: <ol style="list-style-type: none"> <li>1. Written vaccination declination</li> <li>2. Acceptance of vaccine</li> </ol> <i>(Hep B vaccination is required in Alaska)</i>	
<b>Tetanus, Diphtheria &amp; Pertussis (Tdap)</b> – Documentation of vaccination/booster or signed declination	
<b>Annual influenza vaccine</b> -- Documentation of vaccination or signed declination, including reason for declining. Must follow masking requirements of setting.	
<b>COVID vaccination-</b> Documentation of updated (most current) COVID-19 vaccine or a written declination for medical or religious purposes. Please refer to local policy for masking requirements.	
<b>Respirator Training:</b> Respiratory Protection (PAPR or N95 Fit Mask Testing), if required by setting or functions performed. If prior training is not for device provided by PH&S, PH&S will provide training/testing as appropriate.	

I understand the declination of some vaccines may limit the locations where I am able to work. I hereby attest that I provided my administrator all the necessary medical documentation as outlined above in order to meet the health requirements of Providence St Joseph Health. I have done this to protect myself, our patients, colleagues, and the community.

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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Administrator Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Ideas on where to obtain your childhood and adult immunization immunity records:**

- Previous health care employers or any schools you have attended
- Your family Physician or the Health Department where you grew up, which may take a couple weeks.
- Call your state **Immunization Registry Help Desk** as they may have record of your immunizations and can send them to you.

**Ideas in where to receive vaccinations:**

- Your Primary Care Provider or other walk-in clinics
- Local and national pharmacy stores/chains, some located in grocery stores chains.
- Family Practice Residency programs
- Low income or sliding scale clinics
- Local Health Department