

CONEMAUGH SCHOOL OF NURSING AND ALLIED HEALTH PROGRAMS POLICY AND PROCEDURE

SUBJECT: Student Health Pre-entrance and Vaccination Policy

- I. **POLICY:** It is the policy of Conemaugh School of Nursing and Allied Health Programs that all accepted students complete pre-entrance health requirements for enrollment. The Student Health Program is supervised by the Health and Student Services Coordinator in collaboration with the Nurse Manager of Employee Health Office (EHO) and Director of the School of Nursing and Allied Health Schools with an emphasis on prevention and maintenance of positive health habits.
- II. **PURPOSE:** The goals of the program are to promote the continued physical and emotional health of students to meet the demands of the education and chosen career, prevention of infectious disease transmission by screening students for contagious diseases or the lack of immunity to preventable infectious diseases, and a general health evaluation. Students are encouraged to accept responsibility for maintenance of their own health.
- III. **SCOPE:** This policy applies to all accepted and enrolled students at the Conemaugh School of Nursing and Allied Health Programs.
- IV. **PROCEDURE:** Pre-enrollment health requirements can only be completed no greater than 30 days prior to the program start date. The health requirements are included in your tuition fees. The Health and Student Services Coordinator and the EHO maintain, have access to the student health records, and are kept confidential. The Health and Student Services Coordinator will notify School Administration and Program Directors when the applicant has completed all the health requirements and has been cleared to begin school. Failure to complete and/or meet all health requirements will result in an automatic revocation of admission and/or removal from clinical experiences.

Students should carry personal health insurance from the time of enrollment and throughout the program. Students are financially responsible for any costs that are not covered by their insurance associated with the visits to the Emergency Room, Urgent Care Facility, and Family Physician because of illness, accident, or exposure occurring on school campus or in clinical facilities.

Health Requirements:

1. Physical

- i. Students training to become healthcare professionals often experience physical demands and working conditions like those of practicing healthcare workers. Each accepted student is required to have a pre-entrance physical health examination prior to enrollment at the EHO of Conemaugh Memorial Medical Center (CMMC) for clearance to perform those duties. See attached Conemaugh Health System's Physical Requirements and Working Conditions for each education school.
- ii. If you need to have any additional medical clearance such as further testing that is not included in the physical exam as recommended by the Employee Health Office provider, you will need to contact and/or schedule an appointment with your Primary Care Physician and provide necessary documentation of the requested testing. Depending on any previous health history, you may also need to submit to the Employee Health Office provider further documentation from your Primary Care Physician that you are able to perform and participate in the School of Nursing and/or Allied Health Programs. Any cost associated with these exams is the student's responsibility.

2. Vaccinations

- i. Students should provide an updated immunization record at the time of their physical that should show documentation of 2 MMR, 2 Varicella, and Tdap vaccines. All students are required to have blood titers drawn to determine immunity for Hepatitis B – Hepatitis B Surface Antibody. If an immunization record is not available or up to date, blood titers will be drawn also for rubella IGG, rubeola IGG, and varicella IGG. Any vaccinations that a student will require as per the Employee Health Immunization Policy and as per titer results will be administered to the student and provided by the school. See attached Immunization Guidelines from the Employee Health Immunization Policy.
- ii. Only Medical Exemption requests are accepted for the following vaccines: Hepatitis B, MMR, Varicella, and Tdap and must have approval from the Medical Director of the EHO.
- iii. The flu vaccine is **MANDATORY**. It will be available through the Health and Student Services Coordinator from October – December. If a student has received the vaccine at a location other than the school, documentation must be submitted to the Health and Student Services Coordinator. Medical and/or religious exemption requests for the flu vaccine are available from the Health and Student Services Coordinator. Anyone not receiving, providing documentation, and/or having an approved exemption of the flu vaccine by the deadline set will not be permitted to participate in clinical experiences.
- iv. The COVID Vaccine is not a mandatory requirement for enrollment however documentation of vaccination status is requested for your health record.

3. Urine Drug Screen

- i. A ten-panel urine drug test is required with a negative test result and testing is conducted by the Student Health Nurse within 30 days prior to the start of classes.

- ii. It is the school's policy to promote a workplace that is free from the influence of drugs (including marijuana even if medically prescribed) and alcohol. The Pennsylvania Medical Marijuana Act (2016) provides access to medical marijuana for patients with serious medical conditions. However, under federal law, marijuana remains a Schedule I controlled substance, is illegal, and not recognized as having medical value. Students enrolled in education programs must not have physical or cognitive impairments, as they frequently provide direct patient care and serve in safety-sensitive roles. Students who use medical marijuana **are not eligible for clinical placement** in the Conemaugh School of Nursing and Allied Health Programs. This is due to conflicts between federal and state laws, the requirements of the Drug-Free Workplace Act (1988), and the necessity for students to meet all external clinical rotation compliance standards that are integral to their education.

4. Tuberculin Skin Testing/PPD

- i. A required two-step Tuberculin Skin Test/PPD will be done at the start of the program. In lieu of a two-step PPD, the QuantiFERON-TB Gold test and the T-SPOT TB test bloodwork will be accepted if completed within a year.
- ii. An additional one-step skin test must be completed prior to a student's second year of study.
- iii. A chest x-ray may be required if there is a history of a positive tuberculin skin test or if a student has a positive Tuberculin Skin Test when administered at the start of the program. Students will not be permitted any clinical rotations until the results of a chest x-ray are reviewed by the Health and Student Services Coordinator.

5. Latex Allergies

- i. The environment of various clinical sites cannot assure that the area is latex free. Those individuals who have latex allergies may require accommodations that the school cannot provide. The school cannot ensure that all learning sites utilized in the education process can be latex free.

REFERENCED AND RELATED POLICIES:

CMMC Employment Entrance Examination
CMMC Immunizations
CMMC Influenza Immunization Policy
CMMC Latex Sensitivity
CMMC Tuberculosis Testing

Reviewed/Revised: 6/26
Originated Date: 6/26
Effective Date: 6/26

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME _____

SUPERVISOR _____

JOB TITLE Student Nurse

DEPARTMENT Nursing

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A.	PHYSICAL DEMANDS	No	O	F	C	B.	Working Conditions (cont.)	No	O	F	C
1.	Standing				X	8.	Confined Spaces		X		
2.	Walking				X	9.	Heights	X			
3.	Sitting		X			10.	Constant noise above 85 dB	X			
4.	Lifting: Heavy-Max 65 lbs.			X		11.	Intermittent noise above 85 dB	X			
5.	Lifting: Heavy-Mod 40 lbs.			X		12.	Vibration	X			
6.	Lifting: Mod – Max 25 lbs.			X		13.	Fumes Irritant/Toxic	X			
7.	Lifting: Light-Max 10 lbs.			X		14.	Dust More than nuisance	X			
8.	Carrying Est. Wt. <u>25 Lbs.</u>			X		15.	Gases Type <u>Oxygen</u>			X	
9.	Pushing Est. Wt. <u>350 Lbs.</u>		X			16.	Lead	X			
10.	Pulling Est. Wt. <u>200 Lbs.</u>		X			17.	Silica-Asbestos	X			
			X			18.	Chemical Types <u>MSDS Unit Types</u>			X	
11.	Pulling hand over hand										
12.	Climbing stairs		X			19.	Grease and Oils	X			
			X			20.	Working with machinery w/ moving parts	X			
13.	Climbing - Use of legs/arms					21.	Working with moving vehicles		X		
14.	Balancing		X			22.	Working with ladders/scaffold	X			
15.	Stooping		X			23.	Working below ground	X			
16.	Kneeling		X			24.	Working with hands in water			X	
17.	Repeated Bending		X			25.	Working alone		X		
18.	Crawling		X			26.	Hours worked weekly more than 40 (average) Other		X		
19.	Reaching: High/Low Level		X			27.	Contact with patients				X
C. PROTECTIVE EQUIPMENT REQUIRED								No	O	F	C
20.	Fingers movement-Repetitive		X			1.	Gloves - Type <u>Hypoallergenic Latex</u>			X	
21.	Repetitive twisting or pressure involving wrist or hands		X			2.	Gown		X		
22.	Both hands required				X	3.	Mask		X		
23.	Both legs required				X	4.	Eye Wear - Type <u>Goggles</u>		X		
24.	Ability for rapid mental/muscular coordination simultaneously				X	5.	Respirator – Type <u>PAPR</u>		X		
25.	Oral communication/speak clearly				X	6.	Hearing Protection Type	X			
26.	Hearing – conversation				X	7.	Hard Hat	X			
27.	Specific visual requirements	Near <u>X</u>		Far <u>X</u>		8.	Boots - Type	X			
28.	Depth perception	Yes <u>X</u>		No		9.	Body Protection		X		
29.	Color Vision	Yes <u>X</u>		No							
30.	Operation of truck/motor vehicle - Other	Yes		No <u>X</u>							
B. WORKING CONDITIONS											
1.	Outside	X				D. EXPOSURE CATEGORIES					
2.	Outside and Inside	X				1.	Category I Tasks	X			
3.	Heat between 90 – 100	X				2.	Category II Tasks				
	Heat over 100	X				3.	Category III Tasks				
4.	Cold below 55	X				O=Occasionally - up to 25% time on job F=Frequently - 25 - 75 % time on job C=Constantly - more than 75% time on job					
5.	Temperature changes Excessive – Frequent	X				DATE _____					
6.	Wetness	X									
7.	Dry atmospheric conditions	X									

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME

SUPERVISOR Prehospital Operations Manager

JOB TITLE Paramedic/EMT

DEPARTMENT Emergency Medicine

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A.	PHYSICAL DEMANDS	No	O	F	C	B.	Working Conditions (cont)	No	O	F	C
1.	Standing			x		8.	Confined Spaces		x		
2.	Walking			x		9.	Heights		x		
3.	Sitting		x			10.	Constant noise above 85 db	x			
4.	Lifting: Heavy-Max 65 lbs			x		11.	Intermittent noise above 85 db			x	
5.	Lifting: Heavy-Mod 40 lbs					12.	Vibration			x	
6.	Lifting: Mod – Max 25 lbs					13.	Fumes Irritant/Toxic		x		
7.	Lifting: Light-Max 10 lbs					14.	Dust More than nuisance		x		
8.	Carrying Est. Wt. <u>100</u> Lbs.			x		15.	Gases Type	x			
9.	Pushing Est. Wt. <u>50</u> Lbs.			x		16.	Lead	x			
10.	Pulling Est. Wt. <u>50</u> Lbs.			x		17.	Silica-Asbestos	x			
						18.	Chemical Types	x			
11.	Pulling hand over hand			x				x			
12.	Climbing stairs			x		19.	Grease and Oils	x			
				x		20.	Working with machinery w/ moving parts			x	
13.	Climbing - Use of legs/arms					21.	Working with moving vehicles			x	
14.	Balancing			x		22.	Working with ladders/scaffold	x			
15.	Stooping			x		23.	Working below ground		x		
16.	Kneeling			x		24.	Working with hands on water	x			
17.	Repeated Bending			x		25.	Working alone	x			
18.	Crawling			x		26.	Hours worked weekly more than 40 (average) Other	x			
19.	Reaching: High/Low Level			x		27.	Contact with patients				x
20.	Fingers movement-Repetitive			x		C. PROTECTIVE EQUIPMENT REQUIRED					
21.	Repetitive twisting or pressure involving wrist or hands			x		No	O	F	C		
22.	Both hands required				x	1.	Gloves - Type				
23.	Both legs required				x	2.	Gown			x	
24.	Ability for rapid mental/muscular coordination simultaneously				x	3.	Mask		x		
25.	Oral communication/speak clearly				x	4.	Eye Wear - Type <u>Goggles</u>			x	
26.	Hearing – conversation				x	5.	Respirator – Type	x			
27.	Specific visual requirements					6.	Hearing Protection Type			x	
28.	Depth perception					7.	Hard Hat	x			
29.	Color Vision					8.	Boots - Type				x
30.	Operation of truck/motor vehicle - Other					9.	Body Protection				x
B. WORKING CONDITIONS		No	O	F	C	D. EXPOSURE CATEGORIES					
1.	Outside		x			1.	Category I Tasks	x			
2.	Outside and Inside				x	2.	Category II Tasks				
3.	Heat between 90 – 100		x			3.	Category III Tasks				
	Heat over 100	x									
4.	Cold below 55		x								
5.	Temperature changes Excessive – Frequent		x								
6.	Wetness				x						
7.	Dry atmospheric conditions		x								

O=Occasionally - up to 25% time on job
F=Frequently - 25 - 75 % time on job
C=Constantly - more than 75% time on job

DATE

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME _____

SUPERVISOR _____

JOB TITLE **Histology Technician**

DEPARTMENT **Lab**

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A. PHYSICAL DEMANDS	No	O	F	C	B. Working Conditions (cont)	No	O	F	C
1. Standing			X		8. Confined Spaces		X		
2. Walking			X		9. Heights	X			
3. Sitting			X		10. Constant noise above 85 db	X			
4. Lifting: Heavy-Max 65 lbs		X			11. Intermittent noise above 85 db	X			
5. Lifting: Heavy-Mod 40 lbs		X			12. Vibration	X			
6. Lifting: Mod – Max 25 lbs		X			13. Fumes Irritant/Toxic			X	
7. Lifting: Light-Max 10 lbs			X		14. Dust More than nuisance	X			
8. Carrying Est. Wt. <u>25</u> Lbs.		X			15. Gases Type	X			
9. Pushing Est. Wt. <u>25</u> Lbs.		X			16. Lead	X			
10. Pulling Est. Wt. <u>25</u> Lbs.		X			17. Silica-Asbestos	X			
11. Pulling hand over hand		X			18. Chemical Types <u>Stains</u> Types <u>Solvents</u>			X	
12. Climbing stairs		X						X	
13. Climbing - Use of legs/arms		X			19. Grease and Oils	X			
14. Balancing			X		20. Working with machinery w/ moving parts			X	
15. Stooping			X		21. Working with moving vehicles	X			
16. Kneeling		X			22. Working with ladders/scaffold	X			
17. Repeated Bending			X		23. Working below ground	X			
18. Crawling	X				24. Working with hands in water			X	
19. Reaching: High/Low Level		X			25. Working alone		X		
20. Fingers movement-Repetitive				X	26. Hours worked weekly more than 40 (average)		X		
21. Repetitive twisting or pressure involving wrist or hands			X		27. Contact with patients	X			
					C. PROTECTIVE EQUIPMENT REQUIRED				
22. Both hands required				X	1. Gloves - Type <u>KEVLAR</u>			X	
23. Both legs required				X	2. Gown		X	X	
24. Ability for rapid mental/muscular coordination simultaneously				X	3. Mask				
25. Oral communication/speak clearly				X	4. Eye Wear - Type <u>Goggles</u>			X	
26. Hearing – conversation				X	5. Respirator – Mark III System		X		
27. Specific visual requirements	Near <u>x</u>		Far <u>X</u>		6. Hearing Protection Type	X			
28. Depth perception	Yes <u>x</u>		No		7. Hard Hat	X			
29. Color Vision	Yes <u>x</u>		No		8. Boots - Type – Shoe covers		X		
30. Operation of truck/motor vehicle - Other	Yes		No <u>X</u>		9. Body Protection				X
B. WORKING CONDITIONS					D. EXPOSURE CATEGORIES				
1. Outside	X				1. Category I Tasks	x			
2. Outside and Inside		X			2. Category II Tasks				
3. Heat between 90 – 100	X				3. Category III Tasks				
4. Heat over 100	X								
5. Cold below 55		X							
5. Temperature changes Excessive – Frequent	X								
6. Wetness		X							
7. Dry atmospheric conditions	X								

DATE _____

O=Occasionally - up to 25% time on job
F=Frequently - 25 - 75 % time on job
C=Constantly - more than 75% time on job

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME	SUPERVISOR
JOB TITLE <u>Medical Technologist</u>	DEPARTMENT <u>Laboratory</u>

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A. PHYSICAL DEMANDS	No	O	F	C	B. Working Conditions (cont)	No	O	F	C
1. Standing			X		8. Confined Spaces			X	
2. Walking			X		9. Heights	X			
3. Sitting			X		10. Constant noise above 85 db	X			
4. Lifting: Heavy-Max 65 lbs	X				11. Intermittent noise above 85 db	X			
5. Lifting: Heavy-Mod 40 lbs		X			12. Vibration	X			
6. Lifting: Mod - Max 25 lbs		X			13. Fumes Irritant/Toxic		X		
7. Lifting: Light-Max 10 lbs		X			14. Dust More than nuisance	X			
8. Carrying Est. Wt. <u>10</u> Lbs.		X			15. Gases Type	X			
9. Pushing Est. Wt. <u>5</u> Lbs.		X			16. Lead	X			
10. Pulling Est. Wt. <u>5</u> Lbs.		X			17. Silica-Asbestos	X			
	X				18. Chemical Types <u>Mixed Reagents</u>			X	
11. Pulling hand over hand					Types				
12. Climbing stairs		X			19. Grease and Oils		X		
	X				20. Working with machinery w/ moving parts			X	
13. Climbing - Use of legs/arms					21. Working with moving vehicles	X			
14. Balancing		X			22. Working with ladders/scaffold		X		
15. Stooping		X			23. Working below ground	X			
16. Kneeling		X			24. Working with hands on water	X			
17. Repeated Bending			X		25. Working alone		X		
18. Crawling	X				26. Hours worked weekly more than 40 (average) Other		X		
19. Reaching: High/Low Level			X		27. Contact with patients			X	
20. Fingers movement-Repetitive				X	C. PROTECTIVE EQUIPMENT REQUIRED	No	O	F	C
21. Repetitive twisting or pressure involving wrist or hands				X	1. Gloves - Type			X	
22. Both hands required				X	2. Gown		X	X	
23. Both legs required				X			X		
24. Ability for rapid mental/muscular coordination simultaneously				X	3. Mask				
25. Oral communication/speak clearly				X	4. Eye Wear - Type		X		
26. Hearing - conversation				X	5. Respirator - Type	X			
27. Specific visual requirements	Near <u>X</u>		Far		6. Hearing Protection Type	X			
28. Depth perception	Yes <u>X</u>		No		7. Hard Hat	X			
29. Color Vision	Yes <u>X</u>		No		8. Boots - Type	X			
30. Operation of truck/motor vehicle - Other	Yes		No <u>X</u>		9. Body Protection		X		
B. WORKING CONDITIONS	No	O	F	C	D. EXPOSURE CATEGORIES				
1. Outside	X				1. Category I Tasks	X			
2. Outside and Inside	X				2. Category II Tasks				
3. Heat between 90 - 100	X				3. Category III Tasks				
Heat over 100	X								
4. Cold below 55	X								
5. Temperature changes Excessive - Frequent	X								
6. Wetness	X								
7. Dry atmospheric conditions		X							

O=Occasionally - up to 25% time on job
F=Frequently - 25 - 75 % time on job
C=Constantly - more than 75% time on job

DATE

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME

SUPERVISOR

JOB TITLE RADIOLOGY TECHNOLOGIST NON MAMMO

DEPARTMENT RADIOLOGY

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A. PHYSICAL DEMANDS	No	O	F	C	B. Working Conditions (cont)	No	O	F	C
1. Standing				X	8. Confined Spaces	X			
2. Walking				X	9. Heights	X			
3. Sitting		X			10. Constant noise above 85 db	X			
4. Lifting: Heavy-Max 65 lbs			X		11. Intermittent noise above 85 db	X			
5. Lifting: Heavy-Mod 40 lbs			X		12. Vibration	X			
6. Lifting: Mod – Max 25 lbs			X		13. Fumes Irritant/Toxic	X			
7. Lifting: Light-Max 10 lbs			X		14. Dust More than nuisance	X			
8. Carrying Est. Wt. <u>15</u> Lbs.			X		15. Gases Type	X			
9. Pushing Est. Wt. <u>15</u> Lbs.			X		16. Lead	X			
10. Pulling Est. Wt. <u>15</u> Lbs.			X		17. Silica-Asbestos	X			
	X				18. Chemical Types Types	X			
11. Pulling hand over hand						X			
12. Climbing stairs		X			19. Grease and Oils	X			
	X				20. Working with machinery w/ moving parts				X
13. Climbing - Use of legs/arms					21. Working with moving vehicles	X			
14. Balancing	X				22. Working with ladders/scaffold	X			
15. Stooping		X			23. Working below ground	X			
16. Kneeling	X				24. Working with hands on water		X		
17. Repeated Bending			X		25. Working alone		X		
18. Crawling	X				26. Hours worked weekly more than 40 (average) Other	X			
19. Reaching: High/Low Level		X			27. Contact with patients				X
20. Fingers movement-Repetitive		X			C. PROTECTIVE EQUIPMENT REQUIRED	No	O	F	C
21. Repetitive twisting or pressure involving wrist or hands		X			1. Gloves - Type		X		
22. Both hands required				X	2. Gown		X		
23. Both legs required				X			X		
24. Ability for rapid mental/muscular coordination simultaneously		X			3. Mask				
25. Oral communication/speak clearly				X	4. Eye Wear - Type		X		
26. Hearing – conversation				X	5. Respirator – Type	X			
27. Specific visual requirements	Near <u>X</u>		Far <u>X</u>		6. Hearing Protection Type	X			
28. Depth perception	Yes <u>X</u>		No		7. Hard Hat	X			
29. Color Vision	Yes <u>X</u>		No		8. Boots - Type	X			
30. Operation of truck/motor vehicle - Other	Yes		No <u>X</u>		9. Body Protection				X
B. WORKING CONDITIONS	No	O	F	C	D. EXPOSURE CATEGORIES				
1. Outside	X				1. Category I Tasks	X			
2. Outside and Inside	X				2. Category II Tasks				
3. Heat between 90 – 100	X				3. Category III Tasks				
Heat over 100	X								
4. Cold below 55	X								
5. Temperature changes Excessive – Frequent	X								
6. Wetness	X								
7. Dry atmospheric conditions	X								

O=Occasionally - up to 25% time on job
F=Frequently - 25 - 75 % time on job
C=Constantly - more than 75% time on job

DATE

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS

NAME

SUPERVISOR

JOB TITLE Certified Surgical Technologist

DEPARTMENT CSS Operating Room

EMPLOYMENT STATEMENT OF JOB REQUIREMENTS

A. PHYSICAL DEMANDS	No	O	F	C	B. Working Conditions (cont)	No	O	F	C
1. Standing				x	8. Confined Spaces	x			
2. Walking			x		9. Heights	x			
3. Sitting		x			10. Constant noise above 85 db		x		
4. Lifting: Heavy-Max 65 lbs		x			11. Intermittent noise above 85 db			x	
5. Lifting: Heavy-Mod 40 lbs			x		12. Vibration				
6. Lifting: Mod – Max 25 lbs				x	13. Fumes Irritant/Toxic		x		
7. Lifting: Light-Max 10 lbs					14. Dust More than nuisance	x			
8. Carrying Est. Wt. <u>25</u> Lbs.				x	15. Gases Type <u>ETOH</u>		x		
9. Pushing Est. Wt. <u>300</u> Lbs.		x			16. Lead				
10. Pulling Est. Wt. <u>300</u> Lbs.		x			17. Silica-Asbestos	x			
11. Pulling hand over hand		x			18. Chemical Types <u>cleaning agents</u> Types			x	
12. Climbing stairs	x				19. Grease and Oils		x		
13. Climbing - Use of legs/arms	x				20. Working with machinery w/ moving parts			x	
14. Balancing		x			21. Working with moving vehicles	x			
15. Stooping		x			22. Working with ladders/scaffold	x			
16. Kneeling		x			23. Working below ground	x			
17. Repeated Bending		x			24. Working with hands on water			x	
18. Crawling	x				25. Working alone		x		
19. Reaching: High/Low Level		x			26. Hours worked weekly more than 40 (average) Other		x		
20. Fingers movement-Repetitive		x			27. Contact with patients		x		
21. Repetitive twisting or pressure involving wrist or hands		x			C. PROTECTIVE EQUIPMENT REQUIRED	No	O	F	C
22. Both hands required				x	1. Gloves - Type			x	
23. Both legs required		x		x	2. Gown			x	
24. Ability for rapid mental/muscular coordination simultaneously					3. Mask			x	
25. Oral communication/speak clearly				x	4. Eye Wear - Type			x	
26. Hearing – conversation				x	5. Respirator – Type	x			
27. Specific visual requirements	x	Near		x	6. Hearing Protection Type		x		
28. Depth perception	x	Yes		No	7. Hard Hat	x			
29. Color Vision		x	Yes		8. Boots - Type	x			
30. Operation of truck/motor vehicle - Other		Yes		x	9. Body Protection	x			
B. WORKING CONDITIONS	No	O	F	C	D. EXPOSURE CATEGORIES				
1. Outside	x				1. Category I Tasks	x			
2. Outside and Inside	x				2. Category II Tasks				
3. Heat between 90 – 100		x			3. Category III Tasks				
4. Heat over 100	x								
5. Cold below 55	x								
5. Temperature changes Excessive – Frequent		x							
6. Wetness				x					
7. Dry atmospheric conditions	x								

O=Occasionally - up to 25% time on job
F=Frequently - 25 - 75 % time on job
C=Constantly - more than 75% time on job

DATE

Immunization Guidelines – Required for Healthcare Worker at time of hire/start-up

	Required for	Proof of immunization	Laboratory evidence of immunity	Booster / revaccination required for negative lab result	Comments
Measles (rubeola)	All personnel	Accepted	If no proof of immunization	Only if no documentation of vaccination x 2	Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps, and should consider 1 dose of MMR for HCP with no laboratory evidence of disease or immunity to rubella. Volunteers born before 1957 do not need rubeola titers. If health-care personnel who have 2 documented doses of measles- or mumps- containing vaccine are tested serologically and have negative or equivocal titer results for measles or mumps, it is not recommended that they receive an additional dose of MMR vaccine. Such persons should be considered to have acceptable evidence of measles and mumps immunity; retesting is not necessary. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm
Mumps	If rubeola or rubella given	Accepted	Not performed in our lab	Only if no documentation of vaccination x 2	
Rubella	All personnel	Accepted	If no proof of immunization	Only if no documentation of vaccination x 1	

Varicella	All personnel	Accepted	If no proof of immunization or provider documentation varicella/herpes zoster	Only if no documentation of vaccination x 2	It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.
Hepatitis B	Category 1 & 2 employees	Proof of 3 vaccine series AND positive laboratory evidence of immunity is required (if proof not available, labs drawn)		If only one 3 dose set previously	Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.
Tdap	All personnel	Accepted	No	Not done	All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP need to get repeat doses during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.
Influenza	All personnel	Accepted	No	Not done	All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza.

Note:

- Employees, students, residents, and healthcare providers may begin work or rotation prior to the completion of any of the vaccine series. Documentation that a vaccine series has been initiated is all that is required.
- No laboratory evidence of immunity is done after MMR or varicella immunization. Post-vaccination laboratory testing is only done for the Hepatitis B series.

Source: <http://www.immunize.org/catg.d/p2017.pdf>