



KAISER PERMANENTE SOUTH BAY MEDICAL CENTER HEALTH SCREENING REQUIREMENTS FOR STUDENTS

Name: _____

Date of Birth: _____

School: _____

Social Security No.: _____

Please enter appropriate dates on the lines to the right of the required information

RUBEOLA (Measles)

1. Laboratory evidence of immunity _____ date

OR

2. Written documentation showing adequate vaccination:

1st dose (first dose given) _____ date 2nd dose (≥4 wks later) _____ date

MUMPS

1. Laboratory evidenced of immunity _____ date

OR

2. Written documentation showing adequate vaccination:

1st dose (first dose given) _____ date 2nd dose (4 wks later) _____ date

RUBELLA (German measles)

1. Laboratory evidence of immunity _____ date

OR

2. Written documentation showing adequate vaccination:

One (1) dose administered _____ date

VARICELLA (Chickenpox)

1. Laboratory evidence of immunity _____ date

OR

2. Written documentation showing adequate vaccination:

1st dose (first dose given) _____ date 2nd dose (4-8 wks later) _____ date

HEPATITIS B

1. Laboratory evidence of immunity _____ date

OR

2. Written documentation of Hepatitis B immunization program begun:

1st dose _____ date 2nd dose _____ date 3rd dose _____ date

OR

3. Signed declination to receive HBV vaccine: _____ date

TB SCREENING (PPD administered intradermally, results measured and recorded in millimeters induration at 48-72 hrs)

1. **IF PPD NEGATIVE**, must produce written documentation

ρ non-reactive PPD within last 12 months _____ mm of induration

AND

ρ second non-reactive PPD within preceding 12 months _____ mm of induration

2. **IF PPD POSITIVE**, must produce written documentation

ρ documentation of reactive PPD and/or INH therapy _____ date

ρ chest xray within last year (if PPD [+] >4yrs, must have repeat chest xray) _____ date

****by signing below, I am attesting that the above information is accurate and can be made available to Kaiser Permanente at any time during this individual's clinical rotation.***

School representative:

NAME

SIGNATURE

PHONE NUMBER

