

EASTERN IDAHO REGIONAL MEDICAL CENTER
STUDENT/ FACULTY ON-SITE HEALTH CHECKLIST

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ PHONE: _____

EDUCATIONAL INSTITUTION: _____

1. Proof of varicella immunity in the form of one of the following:
 - a. Two Varicella vaccinations at least 4 weeks apart
OR
 - b. Positive varicella titer

2. Proof of Rubella and Rubeola immunity by:
 - a. Two Measles, Mumps, and Rubella (MMR) Vaccinations at least 4 weeks apart,
OR
 - b. Positive rubella and rubeola titers

3. Proof of Tuberculin Skin test performed within the past twelve (12) months or documentation as a previous positive reactor

4. Proof of a current Influenza Vaccination during flu season, November 1st and March 31st, or a signed declination form

5. Proof of Hepatitis B immunization series or a signed declination of vaccine, if patient contact is anticipated

6. Proof of Tdap immunization within the last 10 years

7. Documentation of a Negative Drug screen which includes (at a minimum):
Amphetamines, MDMA, barbiturates, benzodiazepines, cannabinoid, cocaine, opiates,
6-Acetylmorphine oxycodone/oxymorphone, and methadone

SIGNED: _____ DATE: _____

Completed questionnaire and appropriate supporting documentation may be retained and kept on file at the educational institution for each student.