

Candidate Name Etoria Davenport		DOB 02/07/1992	Position/Job Title pot washer/food service																																	
Site Baylor St. Luke's Medical Center		Contracting Agency Majesty Staffing																																		
Hep B required? No, not exposed to specimens during daily work		Flu Season? Yes, October through April																																		
Vaccine Preventable Diseases - The above-named individual must demonstrate immunity from each of the following vaccine preventable diseases based on the form of evidence indicated in either Column A or B below. Medical contraindication(s) and religious objection(s) to any vaccine must be evidenced by a signed Declination Form on file with the referring Agency/source. Conditional clearance will be given for individuals who have started the necessary vaccine series.																																				
Part 1	Disease <input checked="" type="checkbox"/> A. Titer MMR Positive Titer <input type="radio"/> Varicella Positive Titer <input type="radio"/> Tetanus / Diphtheria Pertussis Influenza HepB Positive Titer <small>Only required for Environment Services and positions requiring Direct Patient Care</small> <input type="checkbox"/>	B. Vaccination Record <table border="1"> <thead> <tr> <th>Test Date</th> <th>Required Dose Administration</th> <th>Dose 1 Date</th> <th>Dose 2 Date</th> <th>Dose 3 Date</th> </tr> </thead> <tbody> <tr> <td></td> <td>2 doses MMR vaccine administered at least 28 days apart</td> <td><input type="radio"/> 6/1/2016</td> <td></td> <td></td> </tr> <tr> <td></td> <td>2 doses live Varicella vaccine administered at least 28 days apart</td> <td><input type="radio"/> 6/1/2016</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Tdap vaccination and Td booster if Tdap administered more than 10+ years</td> <td><input type="radio"/> 6/1/2016</td> <td>Tdap Date</td> <td>Td Booster Date</td> </tr> <tr> <td></td> <td>1 dose current season's influenza vaccine formulation if hired during active flu season</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>3 doses hepatitis B vaccine administered at month 0, month 1, and month 6</td> <td><input checked="" type="checkbox"/> 6/1/2016</td> <td></td> <td></td> </tr> </tbody> </table>				Test Date	Required Dose Administration	Dose 1 Date	Dose 2 Date	Dose 3 Date		2 doses MMR vaccine administered at least 28 days apart	<input type="radio"/> 6/1/2016				2 doses live Varicella vaccine administered at least 28 days apart	<input type="radio"/> 6/1/2016				Tdap vaccination and Td booster if Tdap administered more than 10+ years	<input type="radio"/> 6/1/2016	Tdap Date	Td Booster Date		1 dose current season's influenza vaccine formulation if hired during active flu season	<input type="checkbox"/>				3 doses hepatitis B vaccine administered at month 0, month 1, and month 6	<input checked="" type="checkbox"/> 6/1/2016			
		Test Date	Required Dose Administration	Dose 1 Date	Dose 2 Date	Dose 3 Date																														
			2 doses MMR vaccine administered at least 28 days apart	<input type="radio"/> 6/1/2016																																
			2 doses live Varicella vaccine administered at least 28 days apart	<input type="radio"/> 6/1/2016																																
			Tdap vaccination and Td booster if Tdap administered more than 10+ years	<input type="radio"/> 6/1/2016	Tdap Date	Td Booster Date																														
			1 dose current season's influenza vaccine formulation if hired during active flu season	<input type="checkbox"/>																																
	3 doses hepatitis B vaccine administered at month 0, month 1, and month 6	<input checked="" type="checkbox"/> 6/1/2016																																		
TB Disease Exposure Control You are required to test negative for TB and complete the TB Screening Questionnaire		Date TSQ administered: 6/1/2016																																		
A. For Those with a Negative TB Screen History, please indicate whether a TB Blood Test or 2 negative TB Skin Tests were completed and the date(s)		B. For Those with Documented Prior Positive TB Test, please indicate the date negative chest x-ray																																		
Part 2	Test TB Blood Test Quantiferon Gold or T-Spot <input type="radio"/> TB Skin Test 2 Negative TB Skin Tests within the last 12 months, with at least 2 weeks between the 1st and 2nd test <input type="radio"/> Date Placed forearm Date Read 6/3/2016	Required Test <input checked="" type="checkbox"/>		Testing Date <table border="1"> <thead> <tr> <th>Test Administered</th> <th>Test Results</th> </tr> </thead> <tbody> <tr> <td>6/1/2016</td> <td>Negative</td> </tr> </tbody> </table>		Test Administered	Test Results	6/1/2016	Negative	Test Chest X-Ray Negative chest X-Ray <input type="radio"/>																										
		Test Administered	Test Results																																	
		6/1/2016	Negative																																	
Part 3	Respiratory Fit Testing Program If you will be assigned to a Direct Patient Care or Environmental Services position, you are required to have completed an OSHA Respirator Medical Evaluation Questionnaire (MEQ) and pass a respiratory fit test. Please indicate the date you completed the MEQ, and complete the appropriate fields in Section 3 below.																																			
	Fit Test Required? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, date MEQ administered:																																	
Part 4	Drug Screening - The above-named individual has successfully passed a 12-panel drug screen within 30 days of employment with Contracting Agency, in accordance with CHI St. Luke's pre-employment drug screening policy.																																			
	Screening Drug Screen		Description 12-Panel Urinary Drug Screen		Clearance Date <input checked="" type="radio"/> 6/2/2016																															
	Agency Representative Attestation <small>I certify that I have reviewed the records of the above named individual, and that the information contained in Sections 1-4 above are a true reflection of the medical records. I understand that knowingly falsifying this form may impact the agency's contract with CHI St. Luke's Health.</small>																																			
	AGENCY/COMPANY REPRESENTATIVE SIGNATURE Chandra Thompson			Date 6/2/2016																																