

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		

Part 1

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.

Disease	A. Titer		B. Vaccination Record				
	✓	Test Date	Required Dose Administration	✓	Dose 1 Date	Dose 2 Date	Dose 3 Date
MMR Positive Titer	<input type="radio"/>		2 doses MMR vaccine administered at least 28 days apart	<input checked="" type="radio"/>	6/1/2016		
Varicella Positive Titer	<input type="radio"/>		2 doses live Varicella vaccine administered at least 28 days apart	<input checked="" type="radio"/>	6/1/2016		
Tetanus / Diphtheria Pertussis			Tdap vaccination and Td booster if Tdap administered more than 10+ years	<input checked="" type="radio"/>	Tdap Date 6/1/2016	Td Booster Date	
Influenza			1 dose current season's influenza vaccine formulation if hired during active flu season	<input type="checkbox"/>			
HepB Positive Titer <small>Only required for Environmental Services and positions requiring Direct Patient Care</small>	<input type="checkbox"/>		3 doses hepatitis B vaccine administered at month 0, month 1, and month 6	<input checked="" type="checkbox"/>	6/1/2016		

Part 2

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)

Test	Required Test	✓	Testing Date
TB Blood Test	Quantiferon Gold or T-Spot	<input type="radio"/>	Test Administered 6/1/2016 Test Results Negative
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 checked="" type="radio"/>	1st TST w/in last 12 months 2nd TST w/in last 90 days

B. For Those with Documented Prior Positive TB Test, please indicate the date negative chest x-ray

Test	Required Test	✓	Clearance Date
Chest X-Ray	Negative chest X-Ray	<input type="radio"/>	

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	If yes, date MEQ administered:
	<input checked="" type="radio"/> No	

Respiratory Fit Test	Passed test using mask indicated	<input checked="" type="checkbox"/>	Manufacturer and Style	Model	Test Date
		<input type="checkbox"/>			

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	Description	✓	Clearance Date
Drug Screen	12-Panel Urinary Drug Screen	<input checked="" type="radio"/>	6/2/2016

Agency Representative Attestation

I certify that I have reviewed the records of the above named individual, and that they 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.

AGENCY/COMPANY REPRESENTATIVE SIGNATURE Chandra Thompson	Date 6/2/2016
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