OCCUPATIONAL HEALTH DEPARTMENT VERIFICATION:

STATUS: 1. Cleared ☐ 2. Not Cleared ☐ Reason: 3. Follow-Up Required ☐ Receipt Date: Review Date: 4. Form Incomplete ☐ Occ. Health Nurse: Occ. Health Nurse Signature:

Candidate Name	Harold	Sykes	Position/Title	Utility/prep/grill
Assignment Type	Food service	Site: St Lukes Woodlands	Referring Agency	Majesty Staffing

SECTION 1

Vaccine Preventable Diseases - The above-named individual must be immune 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.

Disease	A. Positive (Titer) ✓	A. Test Date	Required Dose Administration	B. Vaccination(s) ✓	Dose 1 Date	Dose 2 Date	Dose 3 Date
Mumps, Measles and Rubella	○		2 doses MMR vaccine administered at least 28 days apart.	◉	5/13/16	7/28/16	
Varicella	○		2 doses live Varicella vaccine administered at least 28 days apart.	◉	5/13/16	7/28/16	
Tetanus / Diphtheria Pertussis			Tdap vaccination and Td booster if Tdap administered more than 10+ years.	◉	Tdap Date: 5/13/16	Td Booster Date:	
Influenza			1 dose current season's influenza vaccine formulation if hired during active flu season.	☐			
Hepatitis B NOTE: Only required for Environment Services and positions requiring Direct Patient Care.	○		3 doses hepatitis B vaccine administered at month 0 month 1, and month 6.	○			

SECTION 2

TB Disease Exposure Control You are required to have completed a Tuberculosis Screening /Surveillance Questionnaire (TSQ) and have tested negative for active TB within the period applicable to the tye of test administed. Please initial in the following red box to verify you completed the TSQ. hs
Please following the instructions provided to complete the following section. Note the test date and result if you received a TB Blood Test, and clearance date if you received a chest X-ray.

A. For Those with a Negative TB Screen History					B. For Those with Documented Prior Positive TB Test			
Test	Required Test	✓	Testing Date: Test Administered	Test Results	Test	Required Test	✓	Clearance Date
TB Blood Test	Negative blood assay for Mycobacterium Tuberculosis (Quantiferon Gold or T-Spot) within last 90 days.	◉	5/13/16	Negative	Chest X-Ray	Negative chest X-Ray within the last 12 months	○	

SECTION 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 type your initials in the red box box to verify you completed the MEQ, and complete the appropriate fields in Section 3 below.

		✓	Manufacturer and Style	Model	Test Date	Test Administrator	Phone
Respiratory Fit Test *	Passed a respiratory fit test that was administered by a certified testing facility using the respiratory PPE available at the assigned site.	○	3M 1860 - REG	N95			

SEC. 4

Other Screening - The above-named individual has successfully passed a 12-panel drug screen and criminal background check within the last 90 days that meets the criteria set forth in the CHI St Luke's Pre-Placement Health, Immunization, Drug, and Background Screening Policy.

Screening	Description	✓	Clearance Date	Administrator	Address	Phone
Drug Screen	Passed a 12-Panel Drug screen	✓	5/17/16			

Candidate Attestation

My signature below indicates my certification that all information provided by me in Section 1-3 is accurate, correct and complete and my understanding that any assignment with CHI St. Luke's Health is contingent upon my current and continued compliance with all terms and conditions of CHI St. Luke's Health immunization, health and or safety policies. I also understanding that if requested, I must provide documentation in support of any information provided in this Form, and that failure to do so within 2 business days, as well as falsification of any information in this Form could result in the termination or suspension of my current assignment and preclude me from any future employment and/or assignments with CHI St. Luke's Health or any of its affiliates.

CANDIDATE SIGNATURE: Harold Sykes — Digitally signed by Harold Sykes Date: 2016.05.17 11:25:06 -05'00' — DATE:

Agency Representative Attestation

My signature below indicates I have reviewed the records provided by the above-named individual and certify that they support the responses provided in Sections 1-3. I also certify that the responses provided on behalf of my Agency in Section 4 are true, accurate and complete to the best of my knowledge. I understand CHI St. Luke's may periodically request supporting documents as part of the clearance or audit processes and that my Agency will be responsible for producing any requested records within 2 business days. I also understand that falsifying information in this Form could result in the termination of any assignment and/or my Agency's contract with CHI St. Luke's.

AGENCY REPRESENTATIVE SIGNATURE: chandra thompson 8/1/2016 — DATE:

CHI St. Luke's Health

CHI ST. LUKE'S CONTRACTOR ATTESTATION FORM INSTRUCTIONS

Please read carefully!!

Occupational Health Clearance will be determined based upon the information provided in this form.

Understanding CHI St. Luke's Health System's Health and Safety Program

CHI St. Luke's is committed to ensuring that all persons performing work at any CHI St. Luke's facility are immunized against diseases that are vaccine preventable and threaten the health of our patients, visitors, employees, medical staff and business partners. In keeping with this responsibility, CHI St. Luke's has implemented an Infectious Disease Prevention and Control Program to minimize the risk of infectious disease exposure and improve the health and safety of our patients, our employees, and the public. As part of this overall program, we require that anyone performing work on behalf of CHI St. Luke's Health demonstrate that they are immune to specific vaccine preventable diseases (VPDs) including: Measles, Mumps, Varicella (Chicken Pox), Tetanus, Diphtheria, Pertussis, Influenza, and for those in direct patient care positions, Hepatitis B. Our Exposure Prevention and Control Policies also require TB screening to ensure our patients are not exposed to Tuberculosis Disease.

Purpose of the Contractor Attestation Form

The purpose of this Form is provide certification from the Named Contractor and Referring Agency that individual identified has provided the appropriate medical records demonstrating that s/he is immune to each of the VPDs, and has tested negative for active and latent Tuberculosis Disease. The Form also verifies that the individual has passed the required 12-Panel Drug test, and a Respiratory Fit Test using the appropriate mask, if required, based on responsibilities of the assignment.

Completing the Form

SECTION 1 – *Vaccine Preventable Diseases*

There are 2 forms of medical documentation that can be provided to demonstrate immunity to the VPDs that will need to be recorded in either Column A or Column B. A check should be placed in one Column for each VPD to indicate that the Named Contractor has either: **A)** had a positive titer showing immunity to the disease; or **B)** received all vaccinations required for immunity to the disease. ***Disease contraction is not an acceptable proof of immunity.*** *NOTE: Only Contractors assigned to positions in Environmental Service or that involve direct patient care are required to be immune to Hepatitis B.*

SECTION 2 – *Tuberculosis Disease*

The Named Contractor must first verify that s/he has completed a Tuberculosis Screening Surveillance Questionnaire within the last 90 days by checking the red box beside the red arrow within the text of Section 2. Next, the Named Contractor must check either: **A)** Column A if s/he tested negative via a TB blood test within the last 90 days, or **B)** Column B to indicate proof of a negative chest x-ray within the last 12 months *in addition* to proof of a documented history of TB disease or a prior positive TB test.

SECTION 3 – *Respiratory Fit Testing*

Federal and state law, as well as our Infectious Disease Prevention and Control Policies require individuals in Environmental Services positions and positions involving direct patient care pass a respiratory fit test using the manufacturer, model, style and size mask available at the assigned facility. The red box flagged by the red arrow in text of Section 3 should be checked to indicate the Contractor completed the required OSHA Medical Evaluation within the last 90 days. The appropriate box should then be checked to indicate the Contractor passed a fit test using the required mask 3M 1860/1860S N95 /Kimberly-Clark. *NOTE: If the test is not conducted using the CHI St. Luke's required mask, the Contractor will likely need to be retested in order to be cleared.*

SECTION 4 – Drug Screening and Background Check

The Named Contractor will need to pass a 12-panel drug screen administered by an accredited testing facility within 90 days of the assignment date. Check the box where indicated to verify the Agency has received a negative drug screen, and provide the administration information requested in the last 4 columns. If the Referring Agency has provided documentation of a successful background check to the assigned CHI St. Luke's Recruiter or Representative, the Background check information does not need to be included on this form.

Submitting the Form

Once completed, the Form must be signed by both the Agency Representative and the Named Contractor/Candidate. You may save the document for your records, and then return the electronic form **via email to your assigned CHI St. Luke's Recruiter or Representative.** Please allow **72 hours** for the Form to be submitted and reviewed by the CHI St. Luke's Occupational Health Department (OHD) to receive notice of clearance status. All information requested in all sections of the Form must be provided before review by the OHD. Please do not contact the OHD directly since our policies limit our communication regarding clearance status to assigned CHI St. Luke's Recruiters and Representatives.

 NOTE: For step by step guidance in completing form, hold mouse over specific field for further direction.