Baptist Health South Florida

SUPPLEMENTAL HEALTH INFORMATION RESOURCE SHEET

FOR OBSERVERS AND UNPAID INTERNS

Applicant Name: _____

I. Immunizations

Immunization/Titer	Date of Vaccination or Titer
Measles	
Mumps	
Rubella	
Varicella	
Pertussis	

Reviewer name*	
Date	
Reviewer signature or Official Stamp/Seal	

II. Tuberculosis (TB) Infection

Participant must successfully complete one of the assessments below and receive a negative test result, dated within 12 months prior to the program end date

Date PPD Test read	Result in MM**

Date of Negative QuantiFeron TB Gold Test

Date of Negative Chest X-ray

Reviewer name*	
Date	
Reviewer signature or Official Stamp/Seal	

***PPD Results over 5 MM require proof of a negative chest X-ray or QuantiFeron TB Gold test*

III. Annual Influenza Vaccination

Flu vaccination is required for any observer or intern participating from October 1 to March 30 each year.

Influenza vaccine administered by	Date Administered
Manufacturer	**Lot #**
Expiration Date	**Site of injection**

Reviewer name*	
Date	
Reviewer signature or Official Stamp/Seal	

IV. Exposures

Baptist Health has adopted CDC post exposure protocols which are available to any participant who may be inadvertently exposed at any Baptist Health facility. The protocols include, but are not limited to, Tuberculosis, blood borne pathogens, and influenza. By signing this form I understand my responsibilities in regards to items I - IV. Also, if I am inadvertently exposed to an infectious agent while at Baptist Health, for which there is a recommended exposure protocol, I can go to the facility's Emergency Department for follow-up care at my own expense.

I attest that I have read and understood the information above. Any information entered is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

***Reviewer must be a licensed physician (M.D. or D.O.), Advanced Practice Registered Nurse (APRN), Physician Assistant (P.A.) or a Registered Nurse (R.N.)**