



**Communicable Disease Record
 Medical Student Clerkship/Observerships/Rotations
 Family Medicine of Southwest Washington
 In Association with Southwest Washington Medical Center**

Directions: **A PPD skin test is required prior to the effective date of your rotation or observership** (unless previous tuberculin skin test was positive). Please note that Individuals applying for rotational/ observership status must consult their employer, school or primary care physician for testing or vaccination.

Name: _____ **Date of Birth:** _____

Medical School: _____

Rotation Dates: _____

Attestation of Compliance with Communicable Disease Requirements

I attest that I am free from pulmonary tuberculosis. (Check one box)

I have had a tuberculin skin test within the **previous 12 months**

Date Tested: ____/____/____ Results: ____mm induration (if > 10 mm, provide chest x-ray results and describe preventive treatment.)

or

I have had a chest x-ray a medical evaluation following a positive tuberculin skin test and I have no symptoms of pulmonary tuberculosis

I am immune to measles, rubella and varicella (chickenpox).

I understand I must report exposures to blood and body fluids that occur at Southwest Washington Medical Center or affiliated clinics to SWMC Employee Health. The Hospital Epidemiologist is available to assist in evaluation of HIV post exposure prophylaxis, if indicated.

I will assure follow up of any patient that may be exposed to my blood through accidental sharps injury.

I understand that I may be asked to provide documentation of tuberculin skin testing or immunity at any time and, if documentation can not be provided, I may be excluded from participated in any activities on the site of Southwest Washington Medical Center or affiliated clinics following exposure or during an outbreak.

I understand that hepatitis B vaccination and post-vaccination testing is strongly encouraged.

Signature

Date

If you have any questions, please feel free to contact the Infection Control Department at (360) 514-2210.

Communicable Disease Compliance Requirements for Information only

Pulmonary tuberculosis: PPD negative in the last 12 months, or PPD positive and chest X-ray and medical evaluation by primary physician or hospital epidemiologist and absence of symptoms or pulmonary tuberculosis. Measles: Born prior to 1948 or Laboratory evidence of immunity or Documentation of 2 doses of measles vaccine. Rubella: Born prior to 1948 or Laboratory evidence of immunity or Documentation of 1 dose of rubella vaccine. Varicella (chickenpox): Laboratory evidence of immunity or History of disease or Documentation of 2 doses of varicella vaccine

JCAHO 2005 Infection Control IC.4.10

Interventions are implemented which include the following:

(5) "Screening for exposure and/or immunity to infectious diseases that licensed independent practitioners, staff, student/trainees, and volunteers may come in contact with in their work is available as warranted"

(6) "Referral for assessment, potential testing, immunizations and/or prophylaxis/treatment, and counseling as appropriate of licensed independent practitioners, staff, students/trainees, and volunteers who are identified as potentially having an infectious disease or risk of infectious disease that may put the population they serve at risk".