

Holyoke Health Center

Immunization Requirements

Name: _____

Date of Birth: _____ Title: _____ DOE: _____

Status: Full Time ___ Part Time ___ Student ___ Extern ___ Intern ___ Volunteer _____

❖ **NOTE: These requirements must be met before your orientation date**

Part I: Required for all employees.

1.) M.M.R.: (Measles, Mumps, rubella) (two doses required)

- 1. Dose #1
- 2. Dose #2

OR:

a positive Titre meets the requirement

Measles Titre Date

Immune___ Non-immune___

Mumps Titre Date

Immune___ Non-immune___

Rubella titre Date

Immune___ Non-immune___

2) Tdap :

3) Varicella (chicken pox) (2 doses required)

- Dose #1
- Dose #2

OR: a positive titre meets the requirement

Varicella titre; Date

Immune _____ Non-Immune _____

Documenting chicken pox history is not acceptable in meeting this requirement!

4) Tuberculosis Screening:

- 1. PPD (Mantoux) within the past 12 months; Date given
Result: Negative___ Date Read: _____ Positive___ mm___induration___
- 2. If PPD is positive, chest x-ray required:
- 3. X-ray results: Neg ___ POS ___ Date:

5) If no PPD within the past 12 months a 2 step PPD is required.

Part II: Hepatitis B series or Titre - Required for all direct patient care staff (including pharmacy staff)

5) Hepatitis B: three Doses of vaccine

Dose # 1

Dose # 2

Dose # 3

OR: a positive titre meets the requirement

Hepatitis B surface Antibody Date

Immune___ Non-immune___

Provider/Nurse Signature _____ Date _____