

**DESERT REGIONAL MEDICAL CENTER-TENET  
HEALTH SCREENING REQUIREMENTS FOR STUDENTS**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Clinical Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Unit/Dept of Rotation: \_\_\_\_\_

**Tdap** (Pertussis)

1. Written documentation showing adequate vaccination:  
One dose administered \_\_\_\_\_ date **OR**
2. Signed Declination \_\_\_\_\_ date

**Seasonal Flu** (per policy)

1. Written documentation showing adequate vaccination:  
Vaccine administered \_\_\_\_\_ date **OR**
2. Signed Declination \_\_\_\_\_ date

**RUBEOLA** (Measles)

1. Laboratory evidence of immunity \_\_\_\_\_ date **OR**
2. Written documentation showing adequate vaccination:  
1<sup>st</sup> dose (first dose given) \_\_\_\_\_ date      2<sup>nd</sup> dose (≥4 wks later) \_\_\_\_\_ date

**MUMPS**

1. Laboratory evidenced of immunity \_\_\_\_\_ date **OR**
2. Written documentation showing adequate vaccination:  
1<sup>st</sup> dose (first dose given) \_\_\_\_\_ date      2<sup>nd</sup> dose (≥4 wks later) \_\_\_\_\_ date

**RUBELLA** (German measles)

1. Laboratory evidence of immunity \_\_\_\_\_ date **OR**
2. Written documentation showing adequate vaccination:  
One (1) dose administered \_\_\_\_\_ date

**VARICELLA** (Chickenpox)

1. Laboratory evidence of immunity \_\_\_\_\_ date **OR**
2. Written documentation showing adequate vaccination:  
1<sup>st</sup> dose (first dose given) \_\_\_\_\_ date      2<sup>nd</sup> dose (4-8 wks later) \_\_\_\_\_ date

**HEPATITIS B**

1. Laboratory evidence of immunity \_\_\_\_\_ date **OR**
2. Written documentation of Hepatitis B immunization program begun:  
1<sup>st</sup> dose \_\_\_\_\_ date      2<sup>nd</sup> dose \_\_\_\_\_ date      3<sup>rd</sup> dose \_\_\_\_\_ date **OR**
3. Signed declination to receive HBV vaccine: \_\_\_\_\_ date

**DRUG SCREENING**

Require 10 panel drug screen (no alcohol testing) within 6 weeks of start of rotation.  
Repeat screening is required for any break in the school enrollment. Negative result date: \_\_\_\_\_

**TB SCREENING** (PPD administered intradermally, results measured and recorded in millimeters induration at 48-72 hrs)

1. **IF PPD NEGATIVE**, must produce written documentation  
ρ non-reactive PPD **within last 12 months** \_\_\_\_\_ mm of induration \_\_\_\_\_ date  
**AND**  
ρ second non-reactive PPD **within last 24 months** \_\_\_\_\_ mm of induration \_\_\_\_\_ date
2. **IF PPD POSITIVE**, must produce written documentation, if available  
ρ documentation of reactive PPD and/or INH therapy \_\_\_\_\_ date  
ρ chest xray report on file  
ρ TB questionnaire(systems review) or CXR within last year \_\_\_\_\_ date

\*by signing below, I am attesting that the above information is accurate and can be made available to Desert Regional Medical Center at any time during this individual's clinical rotation.

**School representative:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PHONE NUMBER