

location.

| Medical Records Checklist for Locum/Temp Staff | |
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| Tuberculosis (TB) | |
| A) Negative TB test within 1 year of Start Date | |
| +Every year after Start Date, complete the Annual Health | |
| Questionnaire. | |
| B) If TB Test is positive, upload Medical Review of Chest X-ray | |
| within 5 years AND Complete the Annual Health | |
| Questionnaire. | |
| Hamatika B (HBM) | |
| Hepatitis B (HBV) | |
| A) Hepatitis B Vaccination (3 shots) -within 30 years | |
| B) Positive Titer (antibody blood test) for Hep B -within 10 years | |
| C) Informed Declination* | |
| Measles, Mumps, Rubella (MMR) | |
| A) MMR Vaccination (2 shots) | |
| B) MM Vaccination and R Vaccination (2 shots Measles and | |
| Mumps and 1 shot Rubella) | |
| C) Positive Titers (antibody blood tests) for Measles, Mumps, | |
| and Rubella -within 10 years | |
| D) Informed Declination* | |
| Varicella (Chicken Pox) | <u> </u> |
| A) Varicella Vaccination (2 shots) | |
| B) Positive Titer (antibody blood test) for Varicella within 10 | |
| years | |
| C) Informed Declination* | |
| Totanus Dinhthavia and Dartussia (TDAD) | |
| Tetanus, Diphtheria, and Pertussis (TDAP) A) TDAP Vaccination (1 shot) or Booster -within 10 years | |
| B) Informed Declination* | |
| b) informed Declination | |
| Influenza (FLU) | |
| A) Most recent seasonal Influenza (FLU) Vaccination (1 shot) | |
| B) Informed Declination* (Mask may be required) | |
| COVID-19 | |
| A) COVID-19 Vaccination (2 shots Pfizer, or 2 shots Moderna, or | |
| 1 shot Janssen). Certain centers also require COVID-19 | |
| Boosters. | |
| B) Informed Declination* (Mask may be required) | |
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| *Not all centers accept declinations. Another option may be required, depending | on your |