

## HEALTH REQUIREMENTS FORM

It is the policy of St. Luke's Hospital to ensure learners meet the appropriate health requirements determined by Employee Health, prior to placement. Please review and submit the information below, in conjunction with your health care provider or learning institution. If your information is on file at your learning institution or employer (Agency/Allied Health), you may print a copy and attach to this form. *Please make sure to review your institution/employer form and fill in any missing information on this Health Requirements Form.*

TO BE COMPLETED BY LEARNER/AGENCY/ALLIED HEALTH		
Name: _____ Email: _____		
Phone #: _____ Name / # of Emergency Contact: _____		
Sponsoring Institution/University/School: _____		
Learner's Program of Study (i.e. Medical Student, Nursing, Pharmacy): _____ <span style="float: right; font-size: small;">(if applicable)</span>		
DOCUMENTED PROOF OF (if applicable):		
Current CPR: Y / N      Exp. Date: _____		
REQUIRED PROOF OF IMMUNITY		
<b>VACCINE (series of 2 after the age of 1; at least 4 weeks apart, or proof of positive titer)</b>		
<b>Dates of Immunizations</b>	<b>Positive Immune Titer Date</b>	
Rubella _____	_____	_____
Rubeola _____	_____	_____
Mumps _____	_____	_____
Varicella _____	_____	_____
VACCINE (series of 3)    Hepatitis B    #1 _____ #2 _____ #3 _____ or I declined to receive Hepatitis B Vaccine Series _____ (Initial here)		
<b>ANNUAL INFLUENZA VACCINE</b>		
<i>St. Luke's requires influenza vaccination for individuals employed or accessing facilities for learning experiences. If you have a medical or religious reason for declining the influenza vaccine, please be aware that you will be required to submit declination forms and follow St. Luke's guidelines for masking during influenza season.</i>		
Influenza, administered September – March <i>(Date may be extended in the event that there is continued high flu activity in our area.)</i>		
Date of Most Recent Vaccine: _____ <b>(proof of vaccination is required)</b>		
REQUIRED TB DOCUMENTATION:		
TB Skin Test, QuantiFERON or T-Spot are required for all learners		
Initial 2-Step PPD: Date #1 _____ Results: _____mm    Date #2 _____ Results: _____mm		
Annual TB Skin test/T-Spot/QuantiFERON: Date _____ Result: _____mm		
TB skin reaction test greater than 10 mm; or positive blood test for TB, attach documentation confirming completion of treatment by physician with appropriate therapy for 6-12 months		
FITNESS FOR DUTY		
<i>"The above named individual is fit for duty and free from communicable disease"</i> Exam Date: _____		
ATTESTATION BY LICENSED HEALTH PROFESSIONAL (MD, DO, NP, PA) OR AUTHORIZED DESIGNEE FROM THE SPONSORING INSTITUTION		
Attestation: I certify that the individual named above, meets the criteria established above for learning experiences at St. Luke's Hospital.		
_____ Date	_____ Printed/Name & Title	_____ Signature

**If Clinical student, please submit to the Student/Faculty Intake Coordinator. All Non-Clinical/Agency/Allied Health, please submit to Human Resources. All Physician related requests are to be submitted to the Med-Staff office.**