



Employee Health
169 Pilgrim Road – Libby Building
Boston, MA 02215

EOHS@bidmc.harvard.edu

Phone: 617-632-0710 Confidential Fax: 617-632-0906

To: **BIDMC Applicants, Physicians, Volunteers, and External Personnel**

From: Daniel McTigue, RN

Clinical Ops Manager, Employee Health

Welcome to Beth Israel Deaconess Medical Center! In order to meet BIDMC Infection Control policies, official documentation (i.e. completed by your medical provider/clinic OR laboratory results) of **TB screening** and **immunizations** must be provided prior to your start date. **You will not be able to begin work at BIDMC until all required documentation listed below is received and approved.**

TB Screening		
TB Skin Testing	IGRA Blood Test (Q-Gold, T-Spot)	History of Positive TB Screening
One TB skin test done within past year of hire date; a second TB test within three months of hire date.	One test done within 3 months of hire	Report of Chest X-Ray, within 10 years of hire date, done specifically for TB evaluation; documentation of treatment; symptom review within three months of hire date.

Immunizations	
Measles (Rubeola)	Two (2) vaccines or a positive blood test result
Mumps	Two (2) vaccines or a positive blood test result
Rubella (German Measles)	One (1) vaccination or a positive blood test result
Varicella (Chickenpox)	Official documentation of two (2) vaccines or a positive blood test result
Tetanus-Diphtheria-Pertussis*	Official documentation of one (1) vaccine within 10 years <i>*(highly recommended)</i>
Hepatitis B	Official documentation of three vaccines and Hepatitis B surface antibody (if patient contact)
Influenza	Official documentation of vaccination from most recent flu season

Please have this sheet accompany the requirements above, and either email or fax to Employee Health

Name: _____ Date of Birth: _____ Phone Number: _____ SSN (last 4): _____
 Address: _____ City: _____ State: _____ Zip code: _____
 BIDMC Department: _____ BIDMC Position: _____ E-Mail: _____
 BIDMC Contact/Supervisor: _____ Start date: _____ End date: _____
 Status (circle one): BIDMC HMFP APG Student Rotator Observer Agency Contractor Volunteer Collaborator
 Signature: _____

TO BE COMPLETED BY EMPLOYEE HEALTH

- HOLD**, Date: _____, Pending: TB Test/IGRA CXR Measles/Mumps/Rubella Varicella Tdap Hepatitis B Influenza
- CLEARED**, Date: _____, Employee Health Designee: _____