Immunization and TB Requirements

Welcome to Jefferson Healthcare. The following is a list of required items for employees, providers, students, volunteers, and contracted employees. A complete occupational health file is a condition of employment. Records can be obtained from Employee Health at your current place of employment, from your school, or the clinic where you receive immunizations. If immunization and testing requirements are not met by the first 10 calendar days of employment, you may be pulled from the work schedule. Exception would be if you are working with Employee Health to complete the requirements.

**Urine Drug Screening**

We will be testing you for drug usage at your appointment with the Employee Health Nurse. Some employees/providers may be tested at an off-site laboratory if they currently reside out of the area. We test for THC (marijuana), amphetamines, methadone, cocaine, morphine, PCP, benzodiazepines, barbiturates, oxycodone, and methamphetamines.

**Tuberculosis Testing (PPD):** Official documentation of baseline Interferon Gamma Release Assay (IGRA)- T-Spot or Quantiferon Gold OR a 2-step TB Skin Test. If providing TB skin test, please provide **two** TB tests within a 12 month period. If providing an IGRA, only one within the last 12 months can be accepted. If you are a positive reactor to the skin TST test or IGRA, please provide proof of the positive, if any INH treatment taken, and a negative chest x-ray completed after identification of positive result.

**Hepatitis B: (For direct caregivers)**

- □ Positive titer, and
- □ 3 Hepatitis B immunizations (Energix-B) or 2 Hepatitis B immunizations (Heplisav-B)

**COVID-19: (corona virus)**

- □ 2 doses of Pfizer or Moderna OR 1 dose of Janssen Johnson & Johnson

**Influenza**

- □ Immunization for the current year

**Measles (Rubeola):**

- □ 2 doses of MMR immunization, or
- □ Positive Rubeola titer

**Mumps**

- □ 2 doses or MMR immunization, or
- □ Positive Mumps titer

**Rubella (German Measles):**

- □ 2 doses of MMR immunization, or
- □ Positive Rubella titer

**Tetanus/Diphtheria/Pertussis (Tdap):**

- □ 1 dose of Tdap immunization

**Varicella**

- □ 2 doses of Varicella immunization, or
- □ Positive Varicella titer