

**EASTERN IDAHO REGIONAL MEDICAL CENTER**

**STUDENT/ FACULTY ON-SITE HEALTH QUESTIONNAIRE**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZipCode:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EDUCATIONAL INSTITUTION:** \_\_\_\_\_

*Please answer the following questions and/or attach appropriate documentation.*

1. Please provide documentation of varicella immunity in the form of ONE of the following:
  - a. Two Varicella vaccinations at least 4 weeks apart
  - b. Positive Varicella titer
  
2. Please provide documentation of immunity to measles, mumps, and rubella in the form of ONE of the following:
  - a. Two Measles, Mumps, and Rubella (MMR) Vaccinations at least 4 weeks apart
  - b. Positive rubella, rubeola and mumps titers
  
3. Please provide documentation of Influenza Vaccination if your student rotations include dates between November 1<sup>st</sup> and March 31<sup>st</sup>. If you choose not to be vaccinated you must:
  - a. Sign a declination form (available at EIRMC Employee Health 529-6300) AND
  - b. Wear a mask whenever you are in patient care areas
  
4. Have you ever had a positive reaction to a TB (PPD) skin test?
  - a. Yes: \_\_\_\_ No: \_\_\_\_
  - b. If "YES": Attach copy of results of chest x-ray taken within the last 12 months
  - c. If "NO": Attach copy of results of recent TB Skin Test (PPD)
  - d. ***AN ANNUAL TB SKIN TEST IS REQUIRED.***

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed questionnaire and appropriate supporting documentation to be retained and kept on file at the educational institution for each student.