Occupational Health - Observer Attestation Form

Please read this form carefully and obtain the information requested from your primary care provider, student health service or any other source that can provide documentation of your childhood or current immunizations.

Any delays in the provision of this documentation, and failure to complete the steps outlined below, will delay your clearance to observe.

Please follow the steps below:

Bring proof of Immunity to Measles (Rubeola), Mumps, and Rubella. Immunity is defined as 2 MMR vaccines or blood work (titers) that indicate you are immune to these viruses.

Complete the TB symptom analysis and Flu vaccine attestation form below.

Present the completed form and proof of immunity to Measles, Mumps, and Rubella to your sponsor. Both of you will sign the form together attesting that the information is accurate and complete.

PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

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In order to promote and maintain a safe environment for our employees and patients, all prospective observers must complete this form and have the information verified by their sponsor.

All information will be handled in a confidential manner.

Information Required:

I. *Vaccination Status:*

Dates of MMR vaccination: Date #1: _____ Date #2: _____

OR

Rubella Titer: Date_____ Results_____

Rubeola Titer: Date_____ Results_____

Mumps Titer: Date_____ Results_____

II. *TB Status:* **Answer the following questions. Any 'yes' answers need to be consulted with Occupational Health Service**

Do you have a cough that has lasted longer than 3 weeks?	☐ Yes ☐ No
Have you spit up or coughed up blood?	☐ *Yes* ☐ *No*
Have you had an ongoing fever?	☐ *Yes* ☐ *No*
Have you lost weight without trying?	☐ *Yes* ☐ *No*
Do you sweat at night?	☐ *Yes* ☐ *No*

III. *Flu Vaccine*: **I attest that I have received the Flu Vaccine on _____. If I have not been vaccinated, I agree to wear a surgical mask when within 3 feet of a patient in a clinical area.**

Observer Signature: _____ Date_____

Sponsor Signature: _____ Date_____

Occupational Health Service, Massachusetts General Hospital
165 Charles River Plaza, Suite 404
Phone: (617) 726-2217