(PLEASE PRINT LEGIBLY)

LAST NAME FIRST NAME,M.I. DATE

AFFILIATED INSTITUTION/CONTRACTING AGENCY CONTACT NAME PHONE NUMBER

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CERTIFICATE OF COMPLIANCE
Infection Control Policies

All rotating physicians (including residents in affiliated programs, students, trainees, contracting agency employees and observers) who have contact with Cook County Health & Hospitals System (CCHHS) patients must adhere to the same infection control policies as apply to employees. These requirements follow CDC guidelines for infection control in health care personnel. Individuals continuing work at CCHHS must provide updated information on an annual basis. (See CCHHS Certificate of Compliance Annual Review Form)

ALL PERTINENT LABORATORY RESULTS MUST BE ATTACHED

TUBERCULOSIS: Tuberculin Skin Test (TST), 2 STEP on hire.

TST reading must be done from 48-72 hours after application. Individuals must have proof of 2 TSTs within 12 months prior to work for CCHHS, with the most recent TST completed during the previous 60 days. If there is a positive TST, a baseline Chest Xray is required. Quantiferon test results can be submitted for review**. * If you participate in an Annual Infection Control screening program at another Institution, please see page 2.**

TST Step 1	Date Placed	Date Read /Result	TST Step 2	Date Placed	Date Read/Result
		mm induration			mm induration
CXR (if required)	Date:	Result (*ATTACHED)*:			

Quantiferon Test	Date:	Results	Positive ☐	Negative ☐

If history of positive TST, individual must be evaluated by their health care provider concerning signs and symptoms of illness possibly related to tuberculosis, including unexplained fever, cough, weight loss and night sweats. For individuals with a previous documented history of positive TST, a baseline Chest Xray is required**. The Chest Xray must have been performed within the past 6 months.** Previous results may be accepted at the discretion of CCHHS EHS and Infection Control.

Fever	Yes	No	Weight Loss	Yes	No
Cough	Yes	No	Night Sweats	Yes	No

SEROLOGY RESULTS – ATTACH LABORATORY RESULTS

MEASLES (RUBEOLA), MUMPS & RUBELLA Antibody titers indicating immunity to measles and rubella must be provided. It is advised that health care personnel have immunity to mumps

MEASLES (RUBEOLA)	IMMUNE	NOT IMMUNE	DATE:
MUMPS	IMMUNE	NOT IMMUNE	DATE:
RUBELLA	IMMUNE	NOT IMMUNE	DATE:

HEPATITIS B IMMUNITY It is strongly advised by CDC and CCHHS that health care personnel have immunity to Hepatitis B. Hepatitis B Surface Antibody titers are required post immunization to prove immunity. If the Hepatitis B Surface Antibody titer is negative, Hepatitis B Surface Antigen is required.

Date:	HB Surface Antibody	Positive	Negative	(*RESULTS ATTACHED)*
Date:	HB Surface Antigen	Positive	Negative	(*RESULTS ATTACHED)*

VARICELLA

It is advised that health care personnel have immunity to Varicella**.**

Date:	Varicella	IMMUNE	NOT IMMUNE	(*RESULTS ATTACHED)*

ANNUAL INFLUENZA VACCINATION

Annual Influenza Vaccination is mandatory.

- ☐ Annual Influenza Vaccine administered on-site for current flu season.
- ☐ Medical contraindication (documentation included).
- ☐ Annual Influenza Vaccination administered elsewhere (documentation included)

Name of Trainee/Contractee: **Telephone Number:**

(Print)

Address:

Street City/State

Zip Code

I understand the Infection Control requirements of the Cook County Health & Hospitals System. I have undergone the tests listed above and give my permission for the person named hereon to release these results to the Cook County Health & Hospitals System..

Signature of Trainee/Contractee Date

CERTIFICATION OF RESULTS

I certify that the information herein is complete and correct to the best of my knowledge.

Signature of Health Provider, Title (MD,RN, other) | Name of Institution or Agency** | Phone Number

Printed Name | Address | Date

**OFFICIAL STAMP OR SEAL OF INSTITUTION OR AGENCY IS REQUIRED

EXPLANATORY INFORMATION

*** If you participate in an Annual Infection Control Screening Program at another Institution, please forward the results with this form. We will review the information forwarded and inform you if further information is necessary. If your annual TB screening is up to date and you plan to continue Infection Control screening at the outside Institution, you do not need to have another TST from within the past 2 months unless there are additional indications.**

TUBERCULOSIS

Two- step Tuberculin Skin Testing (TST) is required prior to work for CCHHS. Standard TST testing of 5TU intradermal is given. Individuals with two-step TST done in past, with continuous annual screening following the two-step TST, should provide documentation of this and continue annual screening.

- If positive ($\geq$ 10 mm induration), a chest x-ray is obtained.
- If the initial TST is negative, a second 5 TU TST, performed at least one week after the first negative TST, is required. The TST results must be from within the past 12 months, with the recent TST from within the past 60 days.
- If either TST is positive, the individual must be assessed for the signs/symptoms of active tuberculosis and a chest Xray obtained.
- Individuals with a documented history of positive TST or active tuberculosis are not required to undergo TST testing. A baseline Chest Xray result from within the past 6 months must be forwarded with this Infection Control information.
- Tuberculosis screening must be updated annually for work at CCHHS.

RUBELLA (German Measles)

All individuals must have evidence of Rubella immunity documented by antibody titer prior to work at CCHHS.

RUBEOLA (Measles)

All individuals must have evidence of Measles immunity documented by antibody titer prior to work at CCHHS.

MUMPS

It is advised that all health care personnel have immunity to Mumps.

- In the event of an exposure, nonimmune individuals would be precluded from work and requested to receive mumps vaccine.

HEPATITIS B

Hepatitis B Surface antibody status is required.

- It is strongly recommended that all individuals participating in this program complete the immunization series for Hepatitis B.
- Once completed, immunization status must be CONFIRMED by repeating the Hepatitis B antibody titer test.
- If a blood or body fluid exposure occurs at work, individuals not immune to Hepatitis B would be offered Hepatitis B immunization and possibly advised to receive Hepatitis B immune globulin.

VARICELLA

Varicella IgG Antibody testing is required.

- It is strongly recommended that non-immune individuals be vaccinated.
- In the event of a varicella exposure, non-immune individuals would be precluded from work, advised to receive varicella vaccine and possibly be advised to receive Varicella Zoster Immune Globulin.

TETANUS DOCUMENTATION NOT REQUIRED - Vaccination or booster within 10 years is recommended.

Revised 05/25/10
Prepared by the Office of: John H. Stroger, Jr. Hospital of Cook County
Purple.Form Employee Health Service/Infection Control