

Date: _____

School of Dentistry Immunization Policy Employees (Faculty, Staff, or Student Employees)

Health-care professionals are at risk for exposure to and possible transmission of vaccine-preventable communicable diseases because of their contact with patients or infective material from patients. Maintenance of immunity to vaccine-preventable diseases is therefore an essential part of prevention and infection control. The Employee Health Clinic (EHC) and Immunization Clinic located at Hall Health Primary Care Center follow recommendations for health care workers from the Centers for Disease Control and Prevention (CDC) and OSHA/DOSH occupational health mandates. All faculty, staff, and student employees who are in laboratories or dental clinics with patient contact and who thereby may be at risk of exposure to blood borne pathogens must demonstrate compliance with requirements for the following: measles (rubeola), mumps, rubella, Hepatitis B, tetanus-diphtheria, varicella (chicken pox), and tuberculosis screening. Patient contact may not begin until documentation of compliance with these requirements takes place.

Measles:	Two vaccine doses or a positive antibody titer. The doses must have been received after 12 months of age and at least one month apart. They must have been given after 1/1/68 and not given with immune globulin. Persons born before 1/1/57 must have proof of one dose or positive antibody.
Mumps:	Two immunizations, regardless of birth year or a positive antibody titer.
Rubella:	One immunization or a positive antibody titer.
Hepatitis B:	Evidence of immunity is required. The immunization series consists of three doses of vaccine, with adequate spacing. <i>The first injection must be administered before staff, faculty, or volunteers enter the clinic.</i> In addition, an antibody titer is required after completion of the series to prove immunity.
Tetanus-diphtheria:	A basic childhood series and a booster (Td or Tdap) within the last ten years.
Varicella (Chicken Pox):	History of disease is usually sufficient. Those lacking a reliable history of varicella or serologic evidence of immunity receive a series of two immunizations given at least one month apart.
TB:	In addition to a current PPD skin test within 3 months of employment, another PPD is required within the last year, otherwise a 2-step PPD will be done. History of BCG is <i>not</i> a contraindication to PPD testing. If you have had a <i>documented</i> positive TB skin test in the past, records specifying the test, a chest x-ray report, and details of prescribed medication are needed. Annual PPD skin testing (or symptom review for those not being tested) is required. Patient contact is not allowed unless documentation of this annual TB screening takes place.
Influenza (selfpay):	Annual flu shots are recommended for health care workers who have contact with patients at high risk for influenza or its complications, those who work in chronic care facilities, and those with high risk medical conditions.

The Employee Health Clinic at Hall Health Primary Care Center screens each faculty, staff, and student employees for compliance with the above requirements, provides necessary immunizations, and communicates compliance status to the School of Dentistry.

Please note that while you may choose to obtain any of the required immunizations or tuberculosis screening from your current health care provider, **you will still need to obtain clearance through Employee Health Clinic by submitting your records for review.** If Faculty, Staff, or Student Employees have any questions regarding the above information, please contact the Employee Health Clinic by phone at 206-685-1026.

Date: _____

**REFERRAL OF SCHOOL OF DENTISTRY EMPLOYEES / STUDENT EMPLOYEES TO
UW EMPLOYEE HEALTH CENTER AT HALL HEALTH FOR IMMUNIZATION / T.B. SCREENING**

<input type="checkbox"/> NEW Employee	<input type="checkbox"/> CURRENT Employee
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EMPLOYEE HEALTH CLINIC INFORMATION & INSTRUCTIONS

Employee Health Clinic at Hall Health Primary Care Center
4060 East Stevens Way (Across from HUB – Upper Campus)
Basement Floor – Room 8
206-685-1026

This form is to be used to refer employee (faculty, staff, and/or student employees) to the Employee Health Clinic at Hall Health Primary Care Center, EHC-HHPCC. For groups, the department should call ahead of time. **Before going to EHC-HHPCC, please phone ahead at 206-685-1026, for an appointment. The employee should bring any immunization records with them to their first appointment.**

- Employee Health Nurse will return completed form to employee to be submitted to department.
- Employee Health Nurse will fax or mail completed form to department (contact information below).

DEPARTMENT INFORMATION

Department Name			Box No.
Contact Name	Phone No.	Fax No.	E-mail Address
Department will pay for the below employee's immunizations, with Budget No.			Budget No.
Administrator Printed Name	Administrator Signature		Date

EMPLOYEE INFORMATION

Last Name	First Name	Middle Name
S.S. No. (optional)	E.I.D. No. (if available)	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
E-mail Address	Phone No.	Cell / Mobile No.

TO BE COMPLETED BY EMPLOYEE HEALTH NURSE AT HALL HEALTH

<input type="checkbox"/> Employee has been cleared	Nurse Printed Name			Nurse Signature			Date
	Date	Date	Date	<div style="border: 2px solid gray; padding: 10px; width: 100%;"> Hall Health Clinic Stamp </div>			
<input type="checkbox"/> Employee needs to return on	Date	Date	Date				
NOTES from Employee Nurse							

Date: _____

EMPLOYEE VACCINE DECLINATION-WAIVER

Employee Name (Printed)	S.S.N. # (optional)	E.I.D # (if available)
Employee E-mail Address	Employee Phone #	Employee Cell / Mobile #

HEPATITIS B

I understand that due to my occupational exposure to blood or other body fluids, I may be at risk of becoming infected with Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated against HBV at no charge to myself. At this time I decline the HBV vaccination.

I understand that by declining the vaccine, I continue to be at risk of becoming infected with Hepatitis B, which is a serious disease. I understand that I may receive the HBV vaccination series at any time in the future while my job duties continue to present an occupational exposure risk to blood or other potentially infectious body fluids and that the vaccine will be provided at no charge to me.

Employee Signature	Date
Reviewer Signature	Date

MEASLES –MUMPS – RUBELLA - VARICELLA

I have read the information about measles, mumps, rubella and varicella disease and the MMR and varicella vaccines, or I have had the information explained to me. I have had an opportunity to ask questions and my questions have been adequately answered.

I understand the benefits and risks of the MMR and Varicella vaccine and I understand that I can receive the vaccine at no charge to me. At this time I decline the:

MMR vaccine **Varicella vaccine**

I understand in doing so I may need to be restricted from work during the period of communicability if I were to be exposed to one of these viruses, in which case I would use accrued vacation or sick leave.

Employee Signature	Date
Reviewer Signature	Date

***** Waiver does not include TB Screening. *****
You must provide records of TB Screening.

This waiver form and all records can be sent to:

Suzanne Mason, sfmason@uw.edu
 Phone: 206-616-6281 / 206-685-1026
 Fax: 206-221-5110 / Box 35-4410