

NON-RMC EMPLOYEES' CHECKLIST

- Volunteer**
 Volunteer (Short Term)
 Student
 Intern
 Contract
 Registry

Last Name: _____ First Name: _____ DOB: _____

SSN: _____ Department: _____ Home Phone: _____ - _____

Emergency contact: _____ - _____

NAME	RELATIONSHIP	PHONE NUMBER
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THE FOLLOWING EMPLOYEE HEALTH REQUIREMENTS ARE REQUIRED BEFORE CLEARANCE CAN BE PROVIDED BY EMPLOYEE HEALTH: DOCUMENTATION MUST BE ATTACHED TO THIS FORM. Documentation to be brought to Employee Health, 3rd floor. Tower 3.

- 10 panel urine Drug Screen (within the last 30 days) **Date:** _____
- TB Blood Assay (QFT, T-SPOT) **OR** Proof of **two** negative TB test* (one within the last 30 days, second within 12 months) **OR** documentation of millimeters of induration from the positive TB skin test.

*** Positive QFT or TB test must have a negative chest X-Ray report attached (within the last 90 days).

- QFT** _____ **OR;** **TB TEST #1** _____ **TB test #2** _____ **Chest Xray:** _____
- Proof of immunity is required from blood titers (Declination form is only accepted for Hep B and Varicella)
 - _____ Rubella
 - _____ Rubeola
 - _____ Mumps
 - _____ Varicella
 - _____ HepB AB
- Tdap Vaccination **Date:** _____
- Influenza Vaccination (During flu season, from October 1st to March 31st) **Date:** _____
- Background Investigation for 18 years and older: Contract staff requires education and employment verifications, OIG/GSA/SDN Screen/ CA Medi-Cal Exclusion, sex offender.
 - Verified Regional Medical Center:** _____

Student, Intern, Contract, and Registry ONLY, will also include:

- Physician's clearance report, including documentation that the individual is physically capable of performing the essential functions relative to the services to be provided by placement hereunder and if there is any limitation (within the last 12 months)
- Fit test for N95 respirators following the OSHA standard (CFR 29 CFR 1910.134)
- Copy of Required Certifications (BLS/ACLS/PALS/TNCC/NRP/ENPC) **circle those that apply**, and if required, Copy of License (s) # _____ Expiration Date (s) _____

Employee Health Requirements could also be performed by the RMCSJ- assigned Occupational Health Clinic (*Alliance Occupational Medicine*) Alliance is an offsite - third party vendor). Ph: (408) 477- 8080. Charges apply; Non-RMC employees are responsible for the charges incurred.

IF MINOR, PARENTAL APPROVAL IS REQUIRED

As part of the annual compliance, it will be required to perform annual TB testing, update vaccination records for the vaccine preventable diseases mentioned above. As the parent/legal guardian of the above, I have read the Vaccine Information Statement (also available at the CDC.Gov). I understand the risks and benefits of my child receiving the above mentioned vaccines. I give my consent to be administered by health care providers at the Regional Medical Center and assume full responsibility for any side effect caused by such vaccines.

Parent's Printed Name (Legal Guardian, if minor)	Signature	Date and Time
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