



Appendix B

<i>EHS Conditions of Employment</i>				
Required Vaccine	Demonstration of Immunity	Notes	Required Training	To be completed by
Hepatitis B (if exposed to blood/body fluids)	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	Hep B is a series of 3 vaccines given in a three month period.	OSHA 1910.1030 Bloodborne Pathogens New: On-line Clinic Orientation (http://www.ehs.unc.edu/training/clinic/) Annual: On-line Bloodborne Pathogens (http://www.ehs.unc.edu/training/self_study/bbp/)	Start series in first 10 days of employment and complete within 3 months. Training: <i>Initial:</i> within first 10 days <i>Annual:</i> on anniversary date thereafter.
Measles	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine (2 doses of live vaccine on or after first birthday)	Now required to have: 2 Measles, 2 Mumps, and 1 Rubella or Positive Titers for all or 2 MMR Vaccines		First 10 days of employment

Employee Initials: _____ Date: _____

Dept Rep Initials: _____ Date: _____



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Mumps	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine	See Measles Note		First 10 days of employment
Rubella	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine	See Measles Note		First 10 days of employment
Tetanus-diphtheria (Tdap)	None available	All employees must demonstrate compliance for vaccine (via Tdap) by June 30, 2008		First 10 days of employment

Employee Initials: _____ Date: _____

Dept Rep Initials: _____ Date: _____



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Varicella	Personal history of VZV infection or Laboratory evidence of immunity (if history negative or uncertain) or Prior receipt of 2 doses of vaccine separated by at least 1 month			First 10 days of employment
Tuberculosis (TST)	Initial Two Step Strongly recommended annually thereafter <i>Note: TST is required to be read only by UEOHC staff.</i>	For 2 step: If documentation of 1 within the year, then a second one will be placed. No documentation: then 1 st one will be placed in first week, then 2 nd one will be place in second week.	TB Control Plan New: On-line Clinic Orientation (http://www.ehs.unc.edu/training/clinic/) Annual: On-line Tuberculosis/Infection Control (http://www.ehs.unc.edu/training/self_study/tb/)	Screening: <i>Initial:</i> within first 10 days <i>Annual:</i> on anniversary date thereafter. Training: <i>Initial:</i> within first 10 days <i>Annual:</i> on anniversary date thereafter.
Influenza Vaccine	Strongly recommended annually			

Employee Initials: _____ Date: _____

Dept Rep Initials: _____ Date: _____



<i>EHS Conditions of Employment</i>			
Other Medical Surveillance		Required Training	To be completed by
Respiratory Protection Program Note: The following is required annually: Medical Questionnaire, Training, fit-testing	Required for: Pulmonary Infectious Disease Emergency Room	OSHA 1910.134 Respiratory Protection On-line Respiratory Protection training (http://www.ehs.unc.edu/training/self_study/resptb/)	Med Questionnaire/Training/ Fit-testing: <i>Initial:</i> within first 10 days <i>Annual:</i> on anniversary date thereafter.
Other Required Training		Required Training	To be completed by
Initial On-line Clinic Orientation	For New Hires	New: On-line Clinic Orientation (http://www.ehs.unc.edu/training/clinic/) Note: This course covers initial Bloodborne Pathogens and TB/Infection Control	First 10 days of employment – One time only
Healthcare Workers/JCAHO		On-line Healthcare Workers/JCAHO (http://www.ehs.unc.edu/training/self_study/jcaho/)	Training: <i>Initial:</i> within first 10 days <i>Annual:</i> on anniversary date thereafter.

Employee Signature

Employee's Name Printed

Date

Department Rep Signature

Department Rep Name Printed

Date