DATE: January 29, 2015  
TO: Residents and Fellows Entering the University of South Florida Morsani College of Medicine, 
    Academic Year 2015/2016  
FROM: Linda R. Lennerth, RN, MSN   Assoc. Director, Medical Health Administration (MHA)  
SUBJECT: Communicable Disease Prevention Certification Form  
DUE DATE: May 1, 2015

Prior to beginning training at the University of South Florida and its affiliated institutions, you must:

1) Complete and return the attached **Communicable Disease Prevention Certification Form** to the MHA Office  
2) Submit all Required Documentation as specified in each of the blocks on the Certification Form  
3) All documentation must be in **ENGLISH**.

You are urged to obtain the documentation from your Medical School or current Residency Program. You will not be permitted to begin your program until the form and documentation are complete.

N-95 Respirator Fit Testing:

- Verification of fit-testing using a Tecnol N-95 or a 3M N-95 mask is required within 6 months of your start date.  
- The Manufacturer’s name and mask size must be included on the report of the testing

Submit the completed Communicable Disease Prevention Certification form along with the required, supportive documentation specified in **one** of the following ways:

1) Upload the documents to New Innovations  
2) Scan and email to mha@health.usf.edu  
3) Fax to (813) 974-3415 (Please call to confirm receipt)  
4) Mail to the following address:  

   Medical Health Administration  
   USF Morsani College of Medicine - MDC Box 19  
   12901 Bruce B. Downs Blvd. Tampa, FL 33612-4799

The University of South Florida Morsani College of Medicine is unable to provide the TB screening, vaccines and/or laboratory titers required for starting your program. These Immunizations and/or laboratory tests must be completed prior to beginning your program. If you are not able to receive certain immunizations e.g. they are contraindicated, please contact us directly to discuss your situation.

Annual Requirements:

1) **TB Screening** will be required during your entire program. This Screening will be provided at no cost to you through the Medical Health Administration (MHA) office or from our clinical affiliates.

2) **INFLUENZA Vaccination** will be required each year. This vaccine will be provided for you at no cost beginning in October of each year through the USF Medical Clinic/Medical Health Administration (MHA) office or from our clinical affiliates.

If you have any questions regarding the communicable disease prevention certification process, please contact us directly:

Linda R. Lennerth, RN, MSN, Associate Director, MHA  
Kathy Perry, LPN  
Phone: (813) 974-3163  
Email: mha@health.usf.edu  
Fax: (813) 974-3415
Communicable Disease Prevention Certification:
Residents / Fellows

Prior to beginning training at the University of South Florida and its affiliated institutions, this form must be completed and submitted with all required documentation attached by May 1, 2015.
All documentation must be in English.

PRINTED NAME: ______________________ DATE: ______________________
STREET: __________________________ CITY: __________________________ STATE: ________ ZIP: __________
PHONE NUMBER(S): __________________________ EMAIL: __________________________
DATE OF BIRTH: ______/_____/______ Residency / Fellowship Program (SPECIALTY): __________________________

☐ I completed a previous Clinical Rotation at USF HEALTH as a “Visiting” Student / Resident

COMPLETE ITEMS A-I

A. TUBERCULOSIS (TB) Screening: To meet the USF requirement, you must submit documentation of ONE of the following:
   1. Results of NEGATIVE “Two-Step” TB Skin Testing (TST/PPD). This screening requires 2 separate TB skin tests administered at least one week apart but within 12 months of each other. The last TST must be within 6 months of your start date.
   2. Lab Copy showing a “NEGATIVE” Interferon Gamma Release Assay (IGRA) blood test (QFT or T-Spot) within 6 months of start date (accepted in lieu of the “Two-Step” TST).
   3. Individuals with a history of a POSITIVE TB skin test or IGRA must submit both of the following:
      a. Verification of a NEGATIVE Chest X-ray within 12 months of start date to the USF COM and
      b. A current NEGATIVE Screening Questionnaire. A Questionnaire can be found and downloaded from the USF Medical Health Administration website at:
         http://hsc.usf.edu/medicine/internalmedicine/infectious/medicalhealthadmin/Forms.htm

TST
Step 1
Date
Placed

Date
Read

Result

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mm induration

OR

I am submitting Interferon Gamma Release Assay (IGRA) blood test results (QFT/T-Spot) in lieu of the “Two-Step” TST. Copy of the Lab report required. Date of test: __________

OR

Individuals with a history of a POSITIVE TB skin test or IGRA must submit the following:

CXR
Date of Chest X-ray:

Result (ATTACH REPORT):

ATTACH the COMPLETED Screening Questionnaire: Date:

B. MEASLES (RUBEOLA): Serologic documentation of a positive Rubeola immune titer OR immunization with two doses of live Rubeola or MMR vaccine administered after 12 months of age and separated by 28 days or more.

<table>
<thead>
<tr>
<th>Result</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola Titer (IgG Blood Test)</td>
<td>Pos □ Neg □</td>
</tr>
<tr>
<td>Or Two live Rubeola or Two MMR vaccines after 1/1/80</td>
<td>#1 <em><strong>/</strong></em>/___ #2 <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

Required Documentation: Lab Report Copy

C. MUMPS: Serologic documentation of a positive Mumps immune titer OR immunization with at least two doses of live Mumps or MMR vaccine after 12 month of age.

<table>
<thead>
<tr>
<th>Result</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps Titer (IgG Blood Test)</td>
<td>Pos □ Neg □</td>
</tr>
<tr>
<td>Or Two live Mumps or Two MMR vaccines after 1/1/80</td>
<td>#1 <em><strong>/</strong></em>/___ #2 <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

Required Documentation: Lab Report Copy

D. RUBELLA (German Measles): Serologic documentation of a positive Rubella immune titer OR immunization with at least one dose of live Rubella or MMR vaccine after 12 months of age.

<table>
<thead>
<tr>
<th>Result</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubella Titer (IgG Blood Test)</td>
<td>Pos □ Neg □</td>
</tr>
<tr>
<td>Or One live Rubella or MMR vaccine after 1/1/80</td>
<td><em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

Required Documentation: Lab Report Copy

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Communicable Disease Prevention Certification:
Residents / Fellows (page 2)

E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer OR two Varicella immunizations (given 4 to 8 weeks apart). This requirement is satisfied only by a positive titer or the vaccine series.

** A history of chicken pox does NOT satisfy this requirement **

<table>
<thead>
<tr>
<th>Result</th>
<th>Date</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella Titer (IgG Blood Test)</td>
<td></td>
<td>Lab Report Copy</td>
</tr>
<tr>
<td>Or Varicella vaccine series</td>
<td></td>
<td>Vaccine Documentation Copy</td>
</tr>
</tbody>
</table>

F. Adacel™or BOOSTRIX® Vaccine Booster: Documentation of an Adult TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required. Tdap was licensed in June, 2005 for use as a single dose booster vaccination (ie. not for subsequent booster doses). The current CDC recommendation states “Healthcare personnel, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose”.

Tdap (Adacel™or BOOSTRIX®) vaccine

<table>
<thead>
<tr>
<th>Date</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vaccine Documentation Copy</td>
</tr>
</tbody>
</table>

G. HEPATITIS B Vaccination Series: Documentation of a complete Hepatitis B vaccination series of 3 injections.

<table>
<thead>
<tr>
<th>Vaccination Dates</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Hepatitis B vaccine series:</td>
<td>Vaccine Documentation Copy</td>
</tr>
<tr>
<td>#1 <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td>#2 <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td>#3 <em><strong>/</strong></em>/___</td>
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</table>

H. HEPATITIS B “POSITIVE” QUANTITATIVE SURFACE ANTIBODY TITER (Blood Test): Serologic documentation of a Positive (QUANTITATIVE) Hepatitis B surface antibody titer that verifies IMMUNITY to the Hepatitis B Virus. The TITER is required in addition to completion of the vaccination series.

<table>
<thead>
<tr>
<th>Result</th>
<th>Date</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Surface Antibody Titer (IgG) (Quantitative)</td>
<td></td>
<td>Lab Report Copy</td>
</tr>
<tr>
<td>Pos</td>
<td>Neg</td>
<td><em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

I. N-95 RESPIRATOR FIT TESTING: Documentation of fit testing using the Technol N-95 or a 3M N-95 mask completed within 6 months of start date at USF. A Copy of the Fit Test Record must be submitted.

If your facility does not offer fit-testing, indicate below and you will be scheduled for a fit-test upon arrival at USF.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Manufacturer / MODEL Number:</th>
<th>Size:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/___</td>
<td>Kimberly-Clark (Tecnol):</td>
<td>3M Mask:</td>
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</tbody>
</table>

☐ I am unable to arrange fit-testing at my current facility.

Note: Several affiliated hospitals require drug and alcohol screening with and without advanced notice.

Please Return Completed Form and Supportive Documents in ONE of the following ways:

1) Upload the documents to New Innovations
2) Scan and email to mha@health.usf.edu
3) Fax to (813) 974-3415 (Please call to confirm receipt)
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