Prior to beginning training at the University of South Florida and its affiliated institutions, you must complete and return the attached form and supportive documentation 30 days prior to your arrival. Patient contact will not be permitted until the form and documentation are complete. You are urged to obtain the following documentation from your medical school or current residency program. All documentation must be in ENGLISH.

The University of South Florida Morsani College of Medicine is unable to provide the vaccines and laboratory titers required for starting your visiting residency rotation. These Immunizations and/or laboratory tests must be completed prior to beginning your training. If you are not able to receive certain immunizations e.g., they are contraindicated; please contact us directly to discuss your situation. All required vaccines should be readily available through your current facility or the local Health Department.

TB Screening: USF Health utilizes the tuberculin skin test (TST) to determine if a healthcare worker is infected with M. tuberculosis. All new healthcare employees and students must submit documentation of an initial “Two-Step” TST to minimize the possibility of a “booster effect” with the subsequent annual testing that will be required during their employment/training. The “Two-Step” TST method requires the TST to be repeated at least 1-3 weeks after a “Negative” initial test.

To meet the USF requirement, you must submit:

- Documentation of at least 2 prior “Negative” TB skin test results administered within a 12 month period of time.
- Documentation of a current “Negative” TST within 6 months of training start date is also required (this can serve as the 2nd step if administered within 12 months of the previous test date).
- Documentation of a current “Negative” IGRA blood test (QFT / T-Spot) within 6 months of start date will be accepted in lieu of the “Two-Step” TST.
- If you have a history of a Positive TB screening in the past (TST / QFT / T-Spot), you must submit a completed copy of a Screening Questionnaire along with a Negative Chest X-ray report completed within 12 months of your start date at your current program. 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

The USF Health Morsani College of Medicine requires evidence of Adult Pertussis immunization for all Residents. A combination tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) is available (Adacel™ and BOOSTRIX®) for use in Adults as a single dose booster vaccination.

*Make sure you receive the Adult Tdap booster (contains the PERTUSSIS component) and not just a Td booster!*

Documentation of influenza vaccination is required for visiting rotations scheduled from September through March.

The completed Communicable Disease Prevention Certification form along with the required, supportive documentation specified should be emailed or faxed to:

**Medical/Health Administration, Fax: 813-974-3415 or email to mha@health.usf.edu**

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

Phone: (813) 974-3163
Email: mha@health.usf.edu
Communicable Disease Prevention Certification: VISITING Residents

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 30 Days prior to beginning your rotation. Patient contact will not be permitted until the form and documentation are complete. All documentation must be in English.

PRINTED NAME: ________________________ DATE: ________________________

STREET: _____________________________ CITY: __________________ STATE: ______ ZIP: ____________

PHONE NUMBER(S): ______________________ EMAIL: __________________

DATE OF BIRTH: ___/_____/______ RESIDENCY PROGRAM (SPECIALTY): __________________

COMPLETE ITEMS A-J VISITING DATES FROM ___________ TO ___________

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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. Attach provider documentation.

<table>
<thead>
<tr>
<th>TST Step 1</th>
<th>Date Placed</th>
<th>Date Read</th>
<th>Result</th>
<th>TST Step 2</th>
<th>Date Placed</th>
<th>Date Read</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>____mm induration</td>
<td></td>
<td></td>
<td></td>
<td>____mm induration</td>
</tr>
</tbody>
</table>

2. OR 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).

OR

I am submitting NEGATIVE 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: _____________

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

   Verification of a NEGATIVE Chest X-ray within 12 months of start date to the USF COM and

   a. 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

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B. MEASLES (RUBEOLA): Positive Titer or 2 vaccines

Rubeola Titer (IgG Blood Test) Result Date Required Documentation
Pos □ Neg □ __/__/____ Lab Report Copy

Or Two live Rubeola or Two MMR vaccines 1 year after birthdate #1 __/__/____ #2 __/__/____ Vaccine Documentation Copy

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C. MUMPS: Positive Titer or 2 vaccines

Mumps Titer (IgG Blood Test) Result Date Required Documentation
Pos □ Neg □ __/__/____ Lab Report Copy

Or Two live Mumps or Two MMR vaccines 1 year after birthdate #1 __/__/____ #2 __/__/____ Vaccine Documentation Copy

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D. RUBELLA (German Measles): Positive Titer or 1 vaccine

Rubella Titer (IgG Blood Test) Result Date Required Documentation
Pos □ Neg □ __/__/____ Lab Report Copy

Or One live Rubella or MMR vaccine 1 year after birthdate __/__/____ Vaccine Documentation Copy
E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer OR two Varicella immunizations (given 4 to 8 weeks apart). **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>Pos ☐ Neg ☐ <em><strong>/</strong></em>/___</td>
<td>Lab Report Copy</td>
</tr>
<tr>
<td>Or</td>
<td>Varicella vaccine series</td>
<td>(#1) <em><strong>/</strong></em>/___ (#2) <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

F. Adacel™ or BOOSTRIX® Vaccine Booster: Documentation of an Adult TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required.

<table>
<thead>
<tr>
<th>Date</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap (Adacel™ or BOOSTRIX®) vaccine</td>
<td><em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

G. HEPATITIS B: 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>#1 <em><strong>/</strong></em>/___ #2 <em><strong>/</strong></em>/___ #3 <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

H. HEPATITIS B “POSITIVE” QUANTITATIVE SURFACE ANTIBODY TITER (Blood Test) that verifies IMMUNITY to the Hepatitis B Virus. The results should be reported as “POSITIVE” or as a number. “REACTIVE” results will NOT be accepted unless the lab report states that reactive means immunity to Hepatitis B.

<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>Pos ☐ Neg ☐ <em><strong>/</strong></em>/___</td>
<td>Lab Report Copy</td>
</tr>
</tbody>
</table>

(The Hepatitis B Quantitative Surface Antibody test can be performed by any lab that offers the service. For your convenience, if using Quest Labs, the test number is 8475 or if using Lab Corp, the test number is 006530.)

If the antibody titer is Negative, you will need to have Hepatitis B vaccine dose #4 and then a titer 30 days later.

<table>
<thead>
<tr>
<th>#4 Dose of Hepatitis B Vaccination Date</th>
<th>Submit Vaccine Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative Antibody Titer</td>
<td>☐ Pos ☐ Neg ☐ <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

If your titer is still negative, contact us.

I. INFLUENZA: Documentation of Influenza vaccination is required for visiting rotations scheduled from September through March.

<table>
<thead>
<tr>
<th>Date</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccine</td>
<td><em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

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

Please return completed form and supportive documents to:

Medical Health Administration
Phone: 813-974-3163
FAX: 813-974-3415
Email: mha@health.usf.edu