



Medical Health Administration (MHA)
Quality, Safety, and Risk

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 _____

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.**

TST Step 1	Date Placed	Date Read	Result	TST Step 2	Date Placed	Date Read	Result
			____ mm induration				____ mm induration

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>

OR

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

CXR	Date of Chest X-ray: _____	Result (ATTACH REPORT): _____
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ATTACH the COMPLETED Screening Questionnaire: Date: _____

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

	Result	Date	Required Documentation
Rubeola Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy

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

C. MUMPS: Positive Titer or 2 vaccines

	Result	Date	Required Documentation
Mumps Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy

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

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

	Result	Date	Required Documentation
Rubella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy

Or One live Rubella or MMR vaccine 1 year after birthdate ___/___/___ Vaccine Documentation Copy



Communicable Disease Prevention Certification: Visiting Residents (page 2)

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 ****

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Varicella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or Varicella vaccine series		(#1)___/___/___ (#2)___/___/___	Vaccine Documentation Copy

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

	<u>Date</u>	<u>Required Documentation</u>
Tdap (Adacel™ or BOOSTRIX®) vaccine	___/___/___	Vaccine Documentation Copy

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

	<u>Vaccination Dates</u>	<u>Required Documentation</u>
Complete Hepatitis B vaccine series:	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___	Vaccine Documentation Copy

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.

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Hepatitis B Surface Antibody Titer (IgG) (Quantitative)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
(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.			
#4 Dose of Hepatitis B Vaccination Date	___/___/___		Submit Vaccine Documentation
Quantitative Antibody Titer	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy

If your titer is still negative, contact us.

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

	<u>Date</u>	<u>Required Documentation</u>
Influenza vaccine (**Required if rotation scheduled September through March.)	___/___/___	Vaccine Documentation Copy

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