



Morsani College of Medicine
Medical Health Administration (MHA)
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Medical Health Administration (MHA)
USF HEALTH Department of Quality, Safety & Risk (QSR)

TO:	Residents and Fellows Entering the University of South Florida Morsani College of Medicine,
FROM:	Medical Health Administration (MHA)
SUBJECT:	Communicable Disease Prevention Certification Form
DUE DATE:	May 1, of your start year

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.

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 33
13330 USF Laurel Drive 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:

Phone: **(813) 974-3163**
Email: mha@health.usf.edu
Fax: **(813) 974-3415**

Communicable Disease Prevention Certification: Residents / Fellows – Short Form

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, of your start year.** **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 Residency or Medical School at USF HEALTH.**

If you have not had a TB skin test within 12 months of your start date, you will be required to have the Two-Step TB testing done. If you did have it at a different facility, please upload the documentation.

COMPLETE ITEM A

A. TUBERCULOSIS (TB) Screening:

- 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

- OR I am submitting NEGATIVE** Interferon Gamma Release Assay (IGRA) blood test results (QFT/T-Spot) in lieu of the “Two-Step” TST. Must be within 6 months of the start date. **Copy of the Lab report required.** Date of test: _____
- OR** Individuals with a history of a **POSITIVE** TB skin test without a follow-up IGRA or a **POSITIVE** IGRA must submit both of the following:
 - Verification of a **NEGATIVE** Chest X-ray within 12 months of start date.
Date of Chest X-ray _____ Result _____ (Attach report) **and**
 - A current Screening Questionnaire. A Questionnaire can be obtained by emailing mha@health.usf.edu and requesting the Screening Questionnaire form.
Date form completed _____