

# 2010 Summer Research Intern Program Immunization Requirements



From the Allina Hospital & Clinics Policy on Non-Employee Immunity, Health and Infection Control  
Appendix K: Specific Immunization Requirements for Contracted & Non-Employees (effective 1/15/09)

**Directions:** Write your full name at the top of the form. For each of the numbered requirements, check one box to confirm HOW you meet the requirement, then enter the date(s) on the right. Attach copies of documentation / immunization records to this cover sheet. Fax to 612-863-3801 or email ResearchIntern@mhif.org. Questions? Call Deanna at 612-863-3839.

**INTERN NAME:**

# Requirement (details for how requirement can be met)	Dates
<b>1 Active contagious or communicable diseases</b> <input type="checkbox"/> None at this time.	_____
<b>2 Tuberculosis testing</b> <input type="checkbox"/> Documentation of baseline TST or blood assay for TB (e.g., QuantiFERON blood test [QFT]) If no TST within previous 12 months: 2-step TST or QFT test (MOST INTERNS NEED THIS) If TST within previous 12 months: single step TST or QFT <input type="checkbox"/> IF you have a positive TST or QFT: Document a subsequent negative CXR and no signs or symptoms of pulmonary TB	_____ _____ _____
<b>3 Varicella (chicken pox)</b> <input type="checkbox"/> Reliable history of varicella-zoster virus (VSV) or shingles <input type="checkbox"/> Positive serology <input type="checkbox"/> History of two doses of vaccine	_____ _____ _____
<b>4 Mumps</b> <input type="checkbox"/> MD-diagnosed mumps <input type="checkbox"/> Two doses of M or MMR <input type="checkbox"/> Positive serology	_____ _____ _____
<b>5 Rubella</b> <input type="checkbox"/> One dose of MR or MMR <input type="checkbox"/> Positive serology test	_____ _____
<b>6 Rubeola (Red Measles)</b> <input type="checkbox"/> MD-diagnosed measles <input type="checkbox"/> Two doses of vaccine <input type="checkbox"/> Positive serology	_____ _____ _____
<b>7 Hepatitis B</b> <input type="checkbox"/> History of disease <input type="checkbox"/> Positive serology <input type="checkbox"/> History of HB vaccine <input type="checkbox"/> Signed waiver declining vaccination	_____ _____ _____ _____
<b>8 Pertussis (Tdap)</b> <input type="checkbox"/> One dose of adult Tdap (strongly recommended)	_____
<b>9 Influenza</b> <input type="checkbox"/> Annual seasonal flu vaccination (strongly recommended) <input type="checkbox"/> H1N1 vaccination (strongly recommended)	_____ _____

## HEPATITIS B VACCINE WAIVER for Research Interns

**Please Print:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Mark One:**

- I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccination at this time and **I decline the vaccination**. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.
- I have completed the hepatitis B vaccine series in the past.
- I have received \_\_\_\_\_ injection(s) of the hepatitis B vaccine series in the past.
- I have a history of a previous hepatitis B infection, documented by either lab test or physician diagnosis.
- Other \_\_\_\_\_

**Signature:**

Name \_\_\_\_\_ Date \_\_\_\_\_

**For questions or to return this form:  
Deanna Bulthuis, Education Coordinator  
Phone: 612-863-3839 ▪ Email: [ResearchIntern@mhif.org](mailto:ResearchIntern@mhif.org) ▪ Fax: 612-863-3801**