



Immunization & TB Screening Record for Non-CHOP staff

Name (Last, First, M.I.): Please print clearly	Today's Date:
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Social Security #:	Date of Birth:
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Department/Program/Contractor:

CHOP Work Location: **Contact –**

All the information above must be completed in order to process this form.

If you have any questions, contact the person at CHOP who is processing your hire (contract/affiliates), student internship or volunteer application.
This form is NOT for employees on CHOP payroll

All persons working with patients or families, or routinely working in a building where patients are seen, must provide proof of immunity as indicated below. This form must be signed by your healthcare provider, or alternatively you can attach your immunization and TB screening records.

MEASLES (Rubeola)

Born 1957 or after: 2 measles vaccines (measles or MMR) given after your first birthday; or physician documented disease; or positive blood titer

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Measles Vaccine Date# 1:	<input type="checkbox"/> Measles Vaccine Date# 2:
	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date # 1:	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date # 2:
	<input type="checkbox"/> Disease Date:	<input type="checkbox"/> Positive blood titer Date:

Born before 1957: 1 measles vaccine (measles or MMR) given after your 1st birthday; or physician documented disease; or positive blood titer

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Measles Vaccine Date:	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date:
	<input type="checkbox"/> Disease Date documented:	<input type="checkbox"/> Positive blood titer Date:

MUMPS

Born 1957 or after: 2 mumps vaccines (mumps or MMR) given after your first birthday, or physician documented disease, or positive blood titer

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Mumps Vaccine Date# 1:	<input type="checkbox"/> Mumps Vaccine Date# 2:
	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date # 1:	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date # 2:
	<input type="checkbox"/> Disease Date documented:	<input type="checkbox"/> Positive blood titer Date:

Born before 1957: 1 mumps vaccine (mumps or MMR) given after your first birthday, or physician documented disease, or positive blood titer.

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Mumps Vaccine Date:	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date:
	<input type="checkbox"/> Disease Date documented:	<input type="checkbox"/> Positive blood titer Date:

RUBELLA (German measles)

1 rubella vaccine (rubella or MMR) given after your first birthday or positive blood titer.
Physician documented disease is not acceptable for rubella. Requirement same for all age groups.

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Rubella Vaccine Date: _____	<input type="checkbox"/> MMR Vaccine <i>Measles, Mumps, Rubella</i> Date: _____
	<input type="checkbox"/> Blood titer Date: _____	Results: _____

Varicella (chicken pox)

Physician documented history of disease, or 2 vaccines, or positive titer

Immunizations & dates: Please check all that apply & date	History of Varicella disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	History of zoster (shingles) <input type="checkbox"/>
	If yes, Date: _____	
	<input type="checkbox"/> Blood titer Date: _____	Results: _____
	<input type="checkbox"/> Varicella Vaccine Date # 1: _____	<input type="checkbox"/> Varicella Vaccine Date # 2: _____

Hepatitis B

(OSHA required for anyone at risk of coming in contact with human blood or body fluids)

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Vaccine X 3 Dates (if known) Date# 1: _____ Date# 2: _____ Date# 3: _____	Or Year completed Vaccine course: _____
	<input type="checkbox"/> Positive Hepatitis B antibody titer Date: _____	
	<input type="checkbox"/> Declination	

Tdap (Tetanus, diphtheria, and acellular pertussis)

Highly recommended for anyone with direct patient contact, especially with infants)

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Tdap Vaccine Date: _____
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Influenza vaccine

(vaccine required for anyone working with patients or in a patient building during flu season)

<input type="checkbox"/> Influenza Vaccine Date: _____	Type of Vaccine <input type="checkbox"/> Flu Shot <input type="checkbox"/> Flu Mist
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TB Screening

(must be current within 3 months of start date - offered free of charge by CHOP)

Note: students who are required to get TB skin tests for other rotations must have a PPD current within 1 year.

Most recent TB skin test:	Date: _____	Results: _____ mm
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If PPD positive, complete TB questionnaire.

You will need to indicate date of conversion, post conversion chest X-ray and treatment received. Attach copy of chest X-ray report.

Healthcare Provider Name: (Please print)	_____
Healthcare Provider Signature:	_____
	Date: _____

The Children's Hospital of Philadelphia
Division of Orthopaedic Surgery
Wood Building, Second Floor
34th and Civic Center Boulevard
Philadelphia, PA 19104
United States of America
Program Director: John P. Dormans, MD
Phone: 215-590-1527
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Contact: Catherine O'Shea
Email: Oshea@email.chop.edu

Please note: this is a funded research fellowship pending an applicant's successful application.

The Research Fellowship Program in the Division of Orthopaedic Surgery at the Children's Hospital of Philadelphia is a twelve month funded program - available to U.S. and international orthopaedic surgeons with experience in orthopaedic basic science research, genetics, or developmental biology. Prerequisite for application is excellent oral and written command of the English language.

The program has been in existence for 9 years. During that time 20 foreign graduates and 4 American graduate have participated.

The objective of the Research Fellowship is to cultivate optimal potential of the individual in the research setting. During the course of this program, the Research Fellow concentrates on research. All training of fellows takes place at the Children's Hospital of Philadelphia main campus at 34th and Civic Center Boulevard, Philadelphia, PA or its surrounding facilities - University of Pennsylvania Medical School and the Abramson Research Center

Currently, fellows have the opportunity to work independently on projects of special interest to them. They also work as part of the Orthopaedic research team - playing a major role in the division's research efforts. Interaction and collaboration with the division's diversified faculty (each with his/her own area of special interest and expertise) and collaborative work with other specialties within the hospital create tremendous opportunities for professional growth for the Research Fellow.

At the completion of the fellowship, each fellow is awarded a hospital certificate verifying participation in, and completion of, the program.