Health Requirements Checklist for ID Badge

Name: ___________________ Date of Birth: ______________

By entering your initials for the following items, you are attesting to the fact that you have completed the listed item and have provided documentation to that affect to your school.

**Directions:** Please enter your initials for the items completed to satisfy the requirement. Only select one within each category.

**MMR - Measles (Rubeola), Mumps and Rubella**

*If born 12/31/56 or before:*
- __ ______ Documentation of ONE MMR Vaccine
- OR
- Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella

*If born 1/1/57 or afterwards:*
- OR
- Documentation of TWO MMR Vaccines
- OR
- Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella

**Varicella (Chicken Pox)**

- OR
- Laboratory evidence of immunity to Varicella (Chicken Pox)
- OR
- Documentation of TWO Varivax (Chicken Pox) Vaccines

**TB: PPD Testing Preferred or Blood Test (T-Spot or Quantiferon) Accepted (Blood test is preferred if previously received BCG)**

You Must Provide:
- OR
- Documentation of negative PPD or blood test done within the last 12 weeks of your first day at Grady.

If a history of positive PPD or blood test
- OR
- Chest X-ray less than 12 weeks old (if no treatment)
- OR
- Record of completion of treatment for Positive TB test and chest x-ray at the time of treatment
Influenza Vaccine (Mandatory during the Influenza Season)

You Must Provide:

- Documentation of Influenza Vaccine between **August 1 and March 31** of the applicable season

N-95 Mask Fit Testing must be completed if required for job.

I attest my initials above represents that I have already provided the relevant document(s) to my school.

________________________
Signature