Coral Springs Regional Institute of Public Safety

"Commitment to Excellence"

Patient Name:	DOB:	Age:	Sex:	Exam Date:

ANNUAL PPD TB SKIN TEST

☐ PPD/TB – Date Given:_____/_____/_____ M.A. Initials: _____

Date of Results (48-72 hrs.):_____/_____/_____ ☐ Negative ☐ Positive (>10mm) MD Initials: _____

☐ (If Positive PPD) Chest X-Ray – Date Taken:_____/_____/_____Results: ☐ Negative ☐Other:_____Provider Initials: _____

Vaccine:	Date: Month / Day /Year	Or Titer Results (titer results paperwork must be included)
Influenza	_____/_____/_____	Required if attending class during flu season, October 1 – March 31
MMR: Dose 1	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
MMR: Dose 2	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
Hepatitis B: Dose 1*	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
Hepatitis B: Dose 2*	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
Hepatitis B: Dose 3*	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
Varicella: Dose 1*	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
Varicella: Dose 2*	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity
Tdap: Dose 1*	_____/_____/_____	☐ Negative Immunity ☐Positive Immunity

***DECLINE VARICELLA VACCINATION**

I understand that due to my occupational exposure, I may be at risk of acquiring the varicella-zoster virus (VZV). I have been given the opportunity to be vaccinated with the varicella vaccine; however, I decline varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring varicella. By declining the varicella vaccine at this time I agree to hold harmless CSRIPS, their staff and all its agents. ☐ **I decline the 2 Varicella Vaccine Injections**

_____ _____ _____/_____/_____

Patient Signature Practitioner's Stamp Date

***DECLINE HEPATITIS B VACCINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. By declining the hepatitis B vaccine at this time I agree to hold harmless CSRIPS, their staff and all its agents. ☐ **I decline the 3 Hepatitis B Vaccine Injections**

_____ _____ _____/_____/_____

Patient Signature Practitioner's Stamp Date

☐ Referral and/or Follow Up Advised. (Please refer to the patient's chart for more specific details)

☐ I have found this student to be physically qualified having no current major health issue that would limit them from performing any CSRIPS clinical externship duties, and found them free of known communicable disease.

_____ _____ _____/_____/_____

Practitioner's Signature Practitioner's Stamp Date

MEDICAL RECORD RELEASE FORM: I hereby authorize the release of the information documented on the above form to the ***CSRIPS*** for the sole use of a general work physical and/or drug screen test:

_____ _____/_____/_____

Patient Signature Date

Immunization Guidelines

Tuberculosis: You must submit proof of A or B. If your PPD has a result of positive, you must submit C.

A) A Negative PPD
B) A Negative Quantiferon Gold or T-Spot TB Test
C) A Negative Chest X-Ray dated within the last 3 years. Once your Chest X-Ray is a year old, you must submit a completed copy of the TB Screening Form.

If you have already been employed at Broward Health, you may also submit your Employee ID for compliance.

The PPD, QuantiFERON Gold, T-Spot, and Chest X-ray items must be dated within 30 days of submission.

Hepatitis B: You must submit A,B, OR C

A) 3 Hepatitis B Vaccinations. You will be compliant for 1 month after the first dose and 5 months after the second dose.

B) A positive Hepatitis B Titer with lab results

C) You may also submit a declination for the Hepatitis B vaccine, signed by your physician.

If you have already been employed at Broward Health, you may also submit your Employee ID for compliance.

Varicella: You must submit proof of A, B, or C

A) 2 Varicella vaccinations. You will be compliant for 1 month after the first dose.

B) A positive Varicella Titer

C) You may also submit a declination for the Varicella vaccine, signed by your physician.

If you have already been employed at Broward Health, you may also submit your Employee ID for compliance.

MMR: You must submit A or B

A) 2 MMR Vaccinations. You will be compliant for 1 month after the first dose.

B) Positive Measles, Mumps, and Rubella Titers with lab results

If you have already been employed at Broward Health, you may also submit your Employee ID for compliance.

Influenza: You must submit proof of a current Flu Shot beginning in November of each year. Flu season dates are October 1 – March 31.

If you have already been employed at Broward Health, you may also submit your Employee ID for compliance.

Tdap: You must submit A or B

A) 1 Tdap vaccine from within the last 10 years.

B) Positive Tetanus, Diphtheria, and Pertussis Titers with lab results

If you have already been employed at Broward Health, you may also submit your Employee ID for compliance.

COVID-19: You must enter your COVID-19 Vaccination Status for compliance. You do not enter proof of your vaccine. You select either I am fully vaccinated, or I decline to disclose my vaccine status.