

Communicable Disease Prevention Certification: Visitors, Volunteers, Observers

Prior to your visit to a **Clinical Area** at Faculty of Medicine, Khon Kaen University, this form **must** be completed and submitted with ***all required documentation attached 30 days prior to your arrival.*** You will not be permitted in patient care areas until the form and documentation are complete. **All documentation must be in English.**

PRINTED NAME: _____ NATIONALITY: _____

SEX: _____ DATE OF BIRTH: _____ PROGRAM STARTING DATE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SPONSORING DEPARTMENT/SUPERVISOR: _____ PHONE: _____

COMPLETE ITEMS A-H

A. TUBERCULOSIS (TB) Screening: To meet the Faculty requirement, you must submit documentation of **ONE** of the following:

1. 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

2. **OR** Lab Copy showing a “NEGATIVE” Interferon Gamma Release Assay (IGRA) blood test (**QFT or T-Spot**) within 6 months of start date (accepted in lieu of the “Two-Step” TST).

OR

I am submitting NEGATIVE Interferon Gamma Release Assay (IGRA) blood test results (QFT/T-Spot) in lieu of the “Two-Step” TST. Copy of the Lab report required. Date of test: _____

3. **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:
 - a. Verification of a NEGATIVE Chest X-ray within 12 months of start date.
Date of Chest X-Ray _____ Result _____ (Attach report)
and
 - b. A current Screening Questionnaire.
Dated form
Completed _____

B. MEASLES (RUBEOLA): Positive Titer or 2 vaccines

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Rubeola Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
<i>Or</i>			
Two live Rubeola or Two MMR vaccines 1 year after birthdate		#1 ___/___/___ #2 ___/___/___	Vaccination Documentation Copy

C. MUMPS: Positive Titer or 2 vaccines

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Mumps Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
<i>Or</i>			
Two live Mumps or Two MMR vaccines 1 year after birthdate		#1 ___/___/___ #2 ___/___/___	Vaccination Documentation Copy

D. RUBELLA (German Measles): Positive Titer or 1 vaccine

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Rubella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
<i>Or</i>			
One live Rubella or MMR vaccines 1 year after birthdate		#1 ___/___/___ #2 ___/___/___	Vaccination Documentation Copy

E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer OR two Varicella immunizations (given at least 4 to 8 weeks apart).

**** A history of chicken pox does NOT satisfy this requirement ****

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Varicella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
<i>Or</i>			
Two Varicella immunization		#1 ___/___/___ #2 ___/___/___	Vaccination Documentation Copy

F. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap): Documentation of an Adult

TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required.

	<u>Date</u>	<u>Required Documentation</u>
Tdap (Adacel™ or BOOSTRIX®) vaccine	___/___/___	Vaccination Documentation Copy
Lab Personnel Only:		
Td <i>or</i> Tdap vaccine (Booster within the past 10 years)	___/___/___	Vaccination Documentation Copy

G. HEPATITIS B: *Serologic documentation of a Positive (Quantitative) Hepatitis B surface antibody titer following completion of the Hepatitis B vaccination series of 3 injections.*

You must provide documentation of the Vaccine series AND the Positive Antibody Titer to meet this requirement.

Hepatitis B vaccine series #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Vaccination Documentation Copy

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Hepatitis B Surface Antibody Titer (IgG) (Quantitative)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy

If the antibody titer is Negative, you will need to have Hepatitis B vaccine dose #4 and then a titer 30 days later.

#4 Dose of Hepatitis B Vaccination Date ___/___/___ Submit Vaccine Documentation

Quantitative Antibody Titer Pos Neg ___/___/___ Lab Report Copy

If your titer is still negative, contact us.