3. Influenza (Flu) Vaccine

Indiana University Health has **required** that I receive the influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24-48 hour before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread the illness to others.
- I understand the strains of the virus that cause influenza each year change almost every year, which is why a different vaccine is recommended each year.
- I understand I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those whom I have contact including:
  - My patients and other patients in this healthcare setting
  - My coworkers
  - My family
  - My community

I have included an official documentation attached to this packet which includes the following:

- [ ] Date the shot was given
- [ ] Manufacturer
- [ ] Type of vaccination
- [ ] Lot number
- [ ] Expiration date
- [ ] Name and credentials of person who administered the shot

Signature_________________________ Printed Name_________________________ Date_________________________
3. Required Immunizations

All students must provide IU Health Bloomington up-to-date immunization records from their educational institution or healthcare provider, for the following (one box must be checked in each area):

- **MMR:**
  - [ ] Documentation of 2 MMR
  - [ ] Documentation of Positive Rubella IgG, Rubeola IgG, and Mumps IgG (blood tests)

- **Varicella (Chickenpox):**
  - [ ] I have provided documentation of a positive Varicella IgG blood test with this packet.
  - [ ] Vaccinated Student:
    - I have been vaccinated with two doses of varicella vaccine (Varivax) at least one month apart, and have provided the record with this packet. I understand that breakthrough infections (cases of chickenpox) have occurred among vaccinated individuals after exposure to individuals with chickenpox disease. It is my responsibility to immediately notify IU Health Bloomington Employee Health Services of chickenpox exposures at or away from the facility.

- **Hepatitis B Vaccine:**
  - [ ] I have provided documentation with this packet of completion of the three-step Hepatitis B Vaccine series and a positive Hepatitis B surface antibody blood test (drawn at least 4 weeks after the third vaccination).
  - [ ] I am currently receiving the Hepatitis B vaccine series. I will provide documentation of completion of the three-step Hepatitis B vaccine series and a positive Hepatitis B surface antibody blood test drawn at least 4 weeks after the third vaccination.
  - [ ] I decline the Hepatitis B Vaccine because (circle two):
    - a. I understand that, due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. IU Health Bloomington has strongly advised that I visit a healthcare provider and obtain the 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.
    - b. The vaccine is contraindicated for medical reasons. Explain:______________________________
    - c. I do not anticipate occupational risk of exposure to blood and other potentially infectious materials.

- **Tetanus, Diphtheria, Pertussis Vaccine (Tdap) Adecel:**
  - Please Note: The Dtap vaccine cannot be accepted as the Tdap. Tdap vaccines before 2005 will not be accepted.
  - [ ] Yes, I have provided documentation of Tdap vaccine
  - [ ] I have provided a medical waiver due to personal health history

- **Influenza (Flu) Vaccine:**
  - [ ] I have provided documentation of a current flu vaccination (given during this season)

- **Tuberculosis Screening:**
  - [ ] Documentation of a negative (Omm) TST within the past 12 months (must include date & time of placement & reading), and one negative (Omm) TST completed by IU Health Employee Health Services
  - [ ] Two negative (Omm) TSTs completed by IU Health Employee Health Services, 1-3 weeks apart, immediately before starting internship
  - [ ] Documentation of T-SPOT or QuantiFERON – TB Gold blood tests for TB screening within 30 days of start date
  - [ ] Documented History of positive Tuberculosis Skin or Blood Test:
  - [ ] Negative chest x-ray, followed by annual screening for signs and symptoms of active tuberculosis disease.