

Faculty Health Care Records Checklist

Faculty Name (Print) _____ Date _____

All LCSC Nursing & Health Sciences Faculty (full-time, part-time and adjunct) are required to provide official (health care provider) documentation to Student Health Services regarding currency of immunizations and CPR requirements. Documentation must be submitted to Student Health Services upon hire or by February 1 of each year. At your annual evaluation, bring a signed copy of this document, indicating compliance with the requirements noted below. Thank you.

Student Health Services: Phone **208-792-2251** or Fax **208-792-2882**. *It is suggested that a fax be followed up with a phone call to Student Health Services.* Please keep personal copies of any documents submitted to Student Health Services.

Checklist:

_____ **Tetanus (Td or Tdap):** Provide a copy of the record of your last Tetanus. If you have not had a Tetanus booster in more than 10 years, you are required to have a Td booster. It is strongly recommended that you receive an adult Tdap for that booster.

_____ **MMR Vaccine (Measles, Mumps, Rubella):** Provide a copy of the official immunization record of your MMR vaccinations. You are required to have received two doses of MMR vaccine. If you have no record of having received two MMR vaccine you will need to:

Receive MMR series or booster

OR • Demonstrate immunity via titre or lab draw for a titre [__ Rubella Titre; __ Rubeola Titre]

_____ **Varicella (Chicken Pox):** evidence of immunity by submitting records of one of the following:

- Documentation of receiving two doses of varicella vaccine;
- Blood tests showing immunity to varicella or laboratory confirmation of prior disease;
- Receipt from a healthcare provider of (a) a diagnosis of chickenpox or herpes zoster (shingles); or (b) verification of a history of chickenpox or herpes zoster (shingles).

_____ **Current Tuberculin Skin Test:** Provide copy of results of PPD from 2006 or later. This should include: test date, reading date, signature or initials of person reading test, institution where test was given. A negative QuantiFERON TB Gold test (QFT-G) is also acceptable.

OR • Receive a test if never tested before **OR** if actual or suspected TB exposure since last PPD

_____ **Hepatitis B Vaccine:** This is a series of 3 injections. Documentation of date of complete immunization series or titre is required.

_____ **Current American Heart Association Health Care Provider CPR Card or American Red Cross Professional Rescuers CPR Card:** content covers adult, infant, and child, 1-man, 2-man. Web-based certification without documentation of hands-on testing will **not** be accepted. **Update every 2 years.** *May provide a copy of current BLS (Basic Life Support) certification or a letter verifying currency in BLS or CPR.*

Required but **NOT** submitted to Student Health Services

_____ **Current Idaho RN license #** _____ **-and-Current Washington RN license #** _____

_____ **Current ARRT® or other Radiography licensure or certification #** _____

Faculty Member: _____ Date: _____

Division Chair: _____ Date: _____