

**NATIONWIDE CHILDREN'S HOSPITAL
COLUMBUS, OHIO**

**IMMUNIZATION DOCUMENTATION FOR
MEDICAL STAFF**

In order to protect patients and staff at Nationwide Children's Hospital and to reduce the risk of acquisition of hepatitis B by members of the Medical Staff, in accordance with the attached medical staff policy, all members of the Nationwide Children's Hospital medical staff must complete the following questions.

- | | | Yes | No |
|----|---|------------|-----------|
| 1. | Measles | | |
| a. | Have you had doctor-diagnosed measles or antibodies verifying immunity to measles? | () | () |
| b. | Have you received 2 measles vaccine doses, with one after 1980? | () | () |
| | If YES , go to number 2. If NO , continue. | | |
| c. | Those medical staff requesting appointment who cannot document immunity to measles (positive measles antibody test or measles vaccine since 1980) must receive the measles vaccine. | | |
| | Date of measles vaccine _____ | | |
| 2. | Rubella | Yes | No |
| a. | Do you have rubella antibodies or have you received the rubella vaccine? | () | () |
| | If YES , go to number 3. If NO , continue. | | |
| | Date of rubella vaccine: _____ | | |
| b. | Those medical staff requesting appointment who cannot document immunity to rubella (positive rubella antibody test or vaccine) must receive the rubella vaccine. | | |
| | Date of rubella vaccine: _____ | | |
| 3. | Mumps | Yes | No |
| a. | Do you have mumps antibody or have you received the mumps vaccine? | () | () |
| | If YES , go to number 4. If NO , continue. | | |
| b. | If you are not immune to mumps, the mumps vaccine is strongly recommended for your protection, but it is not required for medical staff appointment. | | |

4. Varicella Yes No

All medical staff are strongly encouraged to receive the varicella vaccine if they are not already immune (prior chickenpox/zoster or positive antibody). Have you previously had chickenpox/zoster or a positive antibody to varicella-zoster virus? () ()

5. Hepatitis Yes No

a. Do you have hepatitis B surface antibody (Hb_sAb) from natural infection or the hepatitis B vaccine or are you hepatitis surface antigen positive (Hb_sAg) from natural infection? () ()

If **YES**, go to number 6. If **NO**, continue.

b. Have you received at least 3 injections of the hepatitis B vaccine given according to manufacturer's instructions? () ()

(If you have received the hepatitis B vaccine but have not checked for hepatitis surface antibody, you may consider this for your safety. As many as 10-20% of hepatitis B vaccine recipients fail to have measurable antibody after three vaccine doses. Re-immunization with a fourth, and even a fifth dose, might be indicated.)

If **YES**, go to number 6. If **NO**, continue.

c. Those medical staff requesting appointment who cannot document immunity to hepatitis B (positive hepatitis B surface antibody or completion of hepatitis B vaccine series) must complete the vaccine series within one year.

Date of first hepatitis B vaccine dose _____

6. Please be aware that your appointment to the Children's Hospital medical staff is contingent upon compliance with this medical staff policy (copy attached).

Written documentation of immunity or vaccine need not accompany this questionnaire. However, verification of information given on this form may be requested in the future. Completion of a waiver will be required of individuals who have a contraindication to immunization with one or more of the above mentioned vaccines.

If you have not received the hepatitis B vaccine, it may be obtained through the Nationwide Children's Hospital Employee Health Services (722-4065). If you are not certain of your status concerning immunity to measles, mumps, rubella or varicella, contact Nationwide Children's Hospital Outpatient Lab (722-5477) or the Reference Lab at 1704 Shrock Road (794-6600).

Practitioner's Signature

Date