

AFFILIATING FACULTY AND STUDENT HEALTH AND SAFETY INFORMATION

Affiliating Program: _____ Date: _____

Check Appropriate Quarters(s): Fall Winter Spring Summer

Directions: Complete the following information for all faculty and students who will have contact with patients at Nationwide Children's Hospital using the following key:

+ = criteria met; - = criteria not met; **w** = waiver signed and attached; **o** = variation (explanation is necessary)

Note: Acceptable documentation is information obtained from an individual's medical record. Individuals who do not meet the criteria or sign an appropriate waiver for Rubella, Rubeola, Hepatitis B, and Tuberculosis will not be permitted contact with patients at Nationwide Children's. Individuals are required to report their history for Chickenpox.

Send this completed form to: **the respective clinical department hosting affiliation, Nationwide Children's Hospital, 700 Children's Drive, Columbus, Ohio 43205**

Copies will be sent to Employee Health Services.

Student/Faculty Name	RUBELLA Refer to Administration Policy VIII-3	RUBEOLA Refer to Administration Policy VIII-3	MUMPS Refer to Administration Policy VIII-3	HEPATITIS B Positive titer or vaccination for Hepatitis B or waiver.	CHICKENPOX History of illness. Refer to Administration Policy VIII-3		TUBERCULOSIS Current with annual TB skin testing. If positive, neg CXR/review of S&S.	TETANUS (TDap)	FLU VACCINE Date:	UNIVERSAL PRECAUTIONS Receipt of info on Universal Precautions at Nationwide Children's	HAZARD COMMUNICATIONS Receipt of info on Hazard Communications at Nationwide Children's	CRIMINAL RECORDS CHECKS Eligible for clinical assignment
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Completed by: _____ Date/Time: _____

I have reviewed the above information and will communicate to identified individuals and their appropriate faculty the increased risk these individuals will have for contact with the indicated contagious diseases at Nationwide Children's. I will ensure that all individuals will be instructed in the appropriate recommended Nationwide Children's Infection Control Policies and work restriction guidelines outlined in the Infection Control Policy Manual.

Faculty Representative Signature: _____ Date/Time: _____

