To:           House Officers Requesting Clinical or Research Rotation at Tufts Medical Center
From:  John R. Doyle, MD, MPH
       Medical Director, Employee Health Services

It is a pleasure to welcome you to Tufts Medical Center. To protect our patients and to provide a safe and healthy workplace, students and house staff must provide documentation that they have completed the infection control requirements listed below. When in receipt of this documentation, Employee Health will notify the Graduate Medical Education Office that you are cleared to proceed with your application.

1. **TB SCREENING** – Proof of a negative TB skin test within the past six months. House staff with a previously positive PPD test will need to provide documentation of their evaluation and/or treatment and a chest x-ray report.

2. **Tdap** – Proof of a Tdap booster.

3. **MEASLES, MUMPS, AND RUBELLA (MMR)** – Proof of two MMR vaccinations or positive serology showing that you have immunity against measles, mumps, and rubella.

4. **HEPATITIS B IMMUNIZATION AND EVIDENCE OF HBV ANTIBODY** – Confirmation of having 3 vaccine series and/or have had HBV antibody response to vaccination.

5. **CHICKENPOX (VARICELLA)** – Documentation of a positive varicella titer or receipt of two vaccines.

6. **INFLUENZA VACCINATION FOR CURRENT FLU SEASON** – Only if rotation is between November 1, 2014 and March 31, 2015.

It is important to note that these requirements must be completed before starting your clinical activities here. No clearance will be issued to the Graduate Medical Education Office until we receive documentation that these requirements have been met.

We look forward to meeting you. If you have any questions, please call Employee Health Services: 617-636-5480 or email us at employeehealthservices@tuftsmedicalcenter.org.

I have reviewed the infection control requirements listed above, and I confirm that:

___________________________________________ meets these requirements.

candidate

___________________________________________

signature and title of official (must be RN, NP, or MD)

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institution                     date                         telephone number