



Dear Student Opportunity Applicant,

Inland Hospital is dedicated to excellence in patient care. Our pursuit of excellence includes working with individual and community organizations to provide experiences that promote future meaningful and rewarding careers in Healthcare. We are proud to provide an experience that often drives students to later begin their career at Inland Hospital or one of our many practice settings.

In order to ensure the safety of our patients and students, we require immunization records in the following areas:

- a. TB screening within the previous 12 months
- b. Varicella (chickenpox) (need Titer)
- c. Hepatitis B
- d. Rubeola (measles), Mumps and Rubella (German Measles)
- e. Influenza vaccination (During the current flu season November 1st and April 30)

**Verification of immunization records can take 2-3 weeks and will often require clarification of what may require a titer and what vaccines would be an initial immunization or series.** The Inland Hospital Employee Health Student Immunization Requirements Form (page 2) can be completed and signed by your primary healthcare provider and sent with all verifying documents. This form can be used to ensure complete immunization records. To better assist you in this process, you can contact Hope Pendexter RN, Employee Health Nurse for Inland and Lakewood. Her office hours are generally Monday-Friday 8:00 am-5 pm.

We encourage all observation or student applicants to utilize their primary care physician when able; however, Inland is willing to assist students with a second TB screening once a first screening within 12 months has been read negative. If an applicant would like to utilize this service at no charge, and is available at the following times. **Please note: TB screening requires two visits, the second one being 48-72 hours after the first.** If the 2 appointments are not completed within that timeframe, the test is unacceptable.

**Available hours for TB screening by appointment only:**

Mondays 8:00 am-8:30 am

Mondays 4:00 pm-4:30 pm

Tuesdays 8:00 am-8:30 am

Tuesdays 4:00 pm-4:30 pm

Thursdays 8:00 am-8:30 am

Thursdays 4:00 pm-4:30 pm

We appreciate your understanding of this process and look forward to assisting you in your educational endeavors.

Thank You,

Inland Hospital

# INLAND HOSPITAL EMPLOYEE HEALTH STUDENT IMMUNIZATION REQUIREMENTS

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Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## REQUIREMENTS

1. MMR#1  
MMR#2

## DATES

\_\_\_\_\_  
\_\_\_\_\_

## OR

- Rubeola Titer \_\_\_\_\_  Immune or  Non-immune
- Rubella Titer \_\_\_\_\_  Immune or  Non-immune
- Mumps Titer \_\_\_\_\_  Immune or  Non-immune

2. Varicella#1  
Varicella#2

\_\_\_\_\_  
\_\_\_\_\_

## OR (if had dx must be confirmed by titer)

- Varicella Titer \_\_\_\_\_  Immune or  Non-immune

3. Hepatitis Series

- Dose #1  
Dose #2  
Dose #3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hepatitis B Titer

\_\_\_\_\_  Immune or  Non-immune

4. Tdap –Tetanus/Diphtheria/Pertussis (Adult)  
Within last 10 years

\_\_\_\_\_

5. Two-Step TB Skin Testing (PPD)

**Must be < 1 year prior to date of review.**

#1

Date Planted \_\_\_\_\_

Date Read \_\_\_\_\_ mm Induration

Results:  Negative  Positive

#2

Date Planted \_\_\_\_\_

Date Read \_\_\_\_\_ mm Induration

Results:  Negative  Positive

If Positive

Chest Xray Date Done: \_\_\_\_\_

Results:  Negative  Positive

6. FLU Vaccine

(Needed between November 1<sup>st</sup> and April 30)

\_\_\_\_\_

Signature: \_\_\_\_\_

Health Care Provider

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_