

LSUHSC-NO INCOMING HOUSE OFFICER HEALTH REQUIREMENTS

PLEASE PRINT CLEARLY OR TYPE:

NAME: _____

MAILING ADDRESS: _____

SS# _____ DATE OF BIRTH: _____

TRAINING PROGRAM: _____ START DATE: _____

PLEASE COMPLETE THIS FORM AND ATTACH WRITTEN DOCUMENTATION OF IMMUNIZATIONS.

1. PPD skin test within 4 months prior to start date (include results)
If positive, please furnish the following information:
Date of Positive PPD _____
INH taken? _____ (Yes) _____ (No) How Long? _____ (6 months) _____ (1 year)
Date of last CXR _____ Results _____
BCG received? _____ (Yes) _____ (No) Year _____
*NOTE: If BCG received more than 8 years ago, a PPD skin test is required.
2. Rubella (German measles) immunity proven by titer or documentation of vaccination as per the CDC guidelines.
3. Measles and Mumps immunity proven by titer or documentation of vaccination as per the CDC guidelines.
4. Varicella (Chicken pox) - Proof of immunity by titer or proof of varicella vaccination as per the CDC guidelines.
5. Proof of Hepatitis B vaccine or proof of antibodies to Hepatitis B.
6. Proof of Td/Tdap (Tetanus) within past 10 years.

ALL DOCUMENTS MUST BE SUBMITTED TO YOUR PROGRAM OFFICE BEFORE MAY 1, 2012.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE STUDENT HEALTH OFFICE AT 504-525-4839.