

## LSUHSC-NO INCOMING HOUSE OFFICER HEALTH REQUIREMENTS

**Documentation of immunizations MUST BE ATTACHED TO THIS FORM.  
All documents must be submitted before May 1, 2009.**

Forward all documentation to:

Graduate Medical Education  
LSU School of Medicine  
2020 Gravier Street, Suite 716  
New Orleans, LA 70112  
Attn: Kim Cannon

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 health requirements.*

1. PPD skin test within 6 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 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. **\*New for the 2009-2010 Year.**

If you have any questions, please contact the Graduate Medical Education Office at 504-568-4006 or email [kcanno@lsuhsc.edu](mailto:kcanno@lsuhsc.edu).