

LSUHSC-NO INCOMING HOUSE OFFICER HEALTH REQUIREMENTS

Documentation of immunizations **MUST BE ATTACHED TO THIS FORM.**

All documents must be submitted before May 1, 2010.

Forward all documentation to:

Student Health
2020 Gravier Street, Room 619
New Orleans, LA 70112
Attn: Kim Cannon (fax 504-568-3332/ ph 504-568-2468)

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.

If you have any questions, please contact the Graduate Medical Education Office at 504-568-2468 or email kcanno@lsuhsc.edu