

PO Box 6283, Capitol Heights, MD 20791

Last Name
First
Middle Initial
Date of Birth
Today's Date

The Maryland Office of Health Care Quality requires documentation of immunity for rubella and rubeola. Surveillance for tuberculosis is mandatory. Tuberculin skin test within 6 months of medical staff application is required. Chest x-ray within 6 months is required if TST is known to be reactive (positive).

Rubella: Antibody Titer: (copy of the lab report is required)

Date: _____ Result: _____

If titer negative, date of immunization: _____

Rubeola: Antibody Titer: (copy of the lab report is required)

Date: _____ Result: _____

If titer negative, date (s) of immunization: _____

Tuberculin Skin Test (PPD) Required within 6 months of assignment

TST: Date placed: _____ Manufacturer: _____ Lot#: _____

Date read: _____ Result: _____ mm

If TST Positive: Chest x-ray *within 6 months* of assignment is required

Date: _____ Result: _____ (enclose a copy of report)

Varicella: (chickenpox): One of the following indicators of immunity is required:

Varicella immunizations received: Date: #1: _____ Date: #2: _____	OR	Varicella titer done: Date: _____ Immune: <input type="checkbox"/> Yes <input type="checkbox"/> No Enclose Copy of Laboratory Report	OR	History of having varicella : <input type="checkbox"/> Yes <input type="checkbox"/> No
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Hepatitis B Vaccine: series completed? _____ Yes

Send or fax the completed proof of immunity (including titer lab reports), and tuberculin skin test or chest x-ray result to 240-638-9119 or PO Bpx 6283, Capitol Heights, MD 20791. Medical clearance will be issued when all medical information has been submitted and approved.