# **Credentialing Checklist**

- 1. 7 year criminal comprehensive Background
- 2. \*Immunizations (including proof of flu vaccine between Oct 1 Mar 31)
- 3. Drug screen—12 panel

(Amphetamines, Barbiturates, Cocaine, Marijuana, Methaqualone, Opiates, Phencyclidine, Benzodiazepines, Methadone, propoxyphene, Oxycodone, MDMA)

4. Current TB (one w/in last 12 months; and one w/ in 60 days of start, or annually for a clinical program)

# 5. Current American Heart Association CPR card

# \*Required Immunizations/Vaccinations:

#### Measles, Mumps, Rubella (MMR):

- Acceptable Immune Status:
  - 1. Date of Birth Born before 1957 compliant with MMR requirement
  - 2. 2 doses of Measles (or MMR) vaccine with 1<sup>st</sup> dose given on or after first birthday or serologic immunity result
  - **3.** 2 doses of Mumps (or MMR) vaccine **with** 1<sup>st</sup> dose given on or after first birthday **or** serologic immunity result
  - 4. 1 dose of Rubella (or MMR) vaccine with 1<sup>st</sup> dose given on or after first birthday or serologic immunity result

#### Varicella (Chicken Pox): (History of disease no longer acceptable)

- Acceptable Immune Status:
  - 1. 2 doses of Varicella vaccine or serologic immunity result

**Note:** Medical Student Services/Programs (e.g. Medical, PA, Grad, SRNA) <u>require</u> documented serology. If serology result is negative, students <u>must</u> also provide documentation of 2 doses of Varicella vaccine.

### Tetanus (Required for all Animal Care Workers):

- Acceptable Immune Status:
  - 1. Documented history of Tetanus, Td, or TDaP within previous 10 years
  - Note: Tetanus, Td, or TDaP is highly recommended for all HCWs

# Influenza (Seasonal):

1. Generally noted as October 1 – March 31 or as determined by the WFBMC Influenza Immunization Task Force

# Tuberculosis Screening:

- One of the following completed within the past 12 months is required:
  - 1. 2 step TB skin test (administered 1-3 weeks apart) One 60 days within start
  - **2.** 2 consecutive annual tests administered 10-12 months apart, with the most recent administered within the past 12 months
  - 3. QuantiFERON Gold blood test (lab report required)
  - 4. T-Spot blood test (lab report required)
  - **5.** IGRA blood test (lab report required)
- If positive results, submit:
  - 1. A clear chest x-ray (lab report required) AND proof of past positive testing
  - 2. A Symptom Free TB questionnaire from the last 12 months.

#### Recommended Immunizations/Vaccinations for 'At-Risk' HCWs:

Recommended for individuals whose job activities or work areas may place them at high risk for certain communicable diseases.

- 1. <u>Hepatitis B</u>: 'At Risk' individuals are those who may reasonably anticipate contact of the skin, eye or mucous membrane with human blood or body fluid
- 2. <u>Neisseria meningitidis</u>: 'At Risk' individuals are those who work with the Neisseria meningitidis organism in microbiology laboratory areas
- 3. <u>Rabies</u>: 'At Risk' individuals are those who work with dogs