

Kadlec Passport Instructions

These requirements are in place for the health and safety of students, faculty and their patients.

** If participant is a current employee, extern, or volunteer, all vaccinations, TB tests, and if necessary follow-up chest x-ray (for positive TB tests) can be obtained through employee health as part of the employee health benefit program. Please contact employee health for more information.

INITIAL REQUIREMENTS

ANNUAL REQUIREMENTS

Tuberculin Status

**Initial TB test must be completed within 1 year prior to clinical start date.

- A. Documentation of two step PPD (skin test) with a negative result **OR**
 B. Documentation of an IGRA (blood test) with a negative result

**If first time positive PPD or IGRA, follow up with a healthcare provider to obtain a medical clearance letter to include chest x-ray results.

OR

**If chronic (>2) positive PPD or IGRA, provide documentation of two separate PPD or IGRA test readings, proof of chest x-ray documenting absence of TB, proof of medical treatment (if applicable), and TB questionnaire.

Tuberculin Status

A. If first time positive result on previous test, repeat initial requirements. **OR**

B. If chronic (>2) positive, a Tuberculosis Screening Questionnaire must be filled out. (Pick up in Education office)

Influenza

A. Proof of seasonal vaccination(s) **OR**

B. Signed declination for participants who decline vaccination. Individuals who sign declination will be required to wear a mask during active flu season.

Background Check

A. Initial only: National Criminal Background Check including Excluded Provider Search on OIG and GSA must be completed prior to clinical start date. Background checks completed upon admission to an educational institution for which the clinical rotation will take place will also be accepted. Background checks completed upon hire at Kadlec will also be accepted.

AND

B. Criminal Disclosure Statement form which includes Washington State Patrol Check (WATCH) must be completed and submitted to the Education office prior to clinical start date then each year thereafter until the conclusion of clinical experience at Kadlec.

Hepatitis B

- A. Documentation of series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion.
 B. If negative titer showing no immunity after initial series, obtain vaccination #4 and re-titer after 6-8 weeks or obtain vaccination #4-#6 and re-titer after 6-8 weeks. Please see your healthcare provider for recommendation.

OR

- C. Provide documentation of positive titer (anti-HBs or HepB Sab) **OR**
 D. Signed declination for participants who decline vaccination or have not yet completed series **OR**
 E. Known non responder to vaccination must have signed documentation from healthcare provider showing immunity status.

License

Professional healthcare license may be used in place of National Criminal Background Check. Must be verified annually.

MMR (Measles, Mumps, Rubella)

- A. Documentation of 2 vaccinations completed at appropriate time intervals **OR**
 B. Provide proof of positive titer.

Additional Requirements (if applicable)

- A. Current AHA BLS for Healthcare Provider Certificate
 B. Blood Borne Pathogen Education

Varicella (Chicken Pox)

- A. Documentation of 2 vaccinations completed at appropriate time intervals **OR**
 B. Provide proof of positive titer. **OR**
 C. Documentation of diagnosis of disease by healthcare provider.

Required Education

For questions about these requirements, please contact:

Providers and provider students:
 Brenda Porco-Smith 509-942-2949

All other students and licensed professionals:
 Rachel Wabeke 509-942-2356

Tetanus/Diphtheria/Pertussis

- A. TDaP required once
 B. TD required every 10 years after TDaP

Kadlec Passport Requirements

Name _____
 DOB _____
 School _____
 Program _____
 Current/Previous Employee Current Extern Previous Student

Form verified by (print name) _____
 Signature _____
 Date _____

INITIAL REQUIREMENTS

Required immunizations must include mm/dd/yyyy if available.

ANNUAL REQUIREMENTS

Tuberculin Status
 A. Negative PPD (skin test)
 TST#1 Place Date _____ Read Date _____
 Result: mm _____ Neg _____ Pos _____
 TST#2 Place Date _____ Read Date _____
 Result: mm _____ Neg _____ Pos _____
 B. Negative IGRA (blood test)
 Date _____ Result _____

****If New Positive: Exam and Negative chest X-ray**
 Date _____ **OR**

****If Chronic Positive PPD or IGRA: Test 1 Date _____**
Chest X-Ray Date _____ Test 2 Date _____

Hepatitis B (Initial series: 3 shots at 0,1,6 mos. plus titer confirmation 6-8 weeks later.)
 A. Vaccination Dates
 1. _____
 2. _____ Immunity confirmed by titer
 3. _____ Date _____
 B. If negative titer after initial series, then vaccine #4 and re-titer **OR** vaccines #4-6 and re-titer.
 4. _____
 5. _____ Immunity confirmed by titer
 6. _____ Date _____
 C. Immunity confirmed by titer (anti-HBs or HepB Sab)
 Date _____
 D. Signed Declination Date _____
 E. Known non responder to vaccination
 Doctor signature _____
 Date _____

MMR (Measles, Mumps, Rubella)
 A. Vaccination Dates
 1. _____
 2. _____ **OR**
 B. Immunity confirmed by titer
 Date _____

Varicella (Chicken Pox)
 A. Vaccination Dates
 1. _____
 2. _____ **OR**
 B. Immunity confirmed by titer
 Date _____
 C. Provided documentation from healthcare provider

Tetanus/Diphtheria/Pertussis
 A. Tdap Date _____
 B. TD Date _____

Tuberculin Status See instructions
 A. Repeat initial requirements **OR**
 B. Tuberculosis Screening Questionnaire **OR**
 C. Not Applicable

Influenza Only effective for current academic year
 A. Proof of seasonal vaccination
 Date _____
 Date _____
 Date _____
 B. Signed declination
 Date _____
 Date _____
 Date _____

Background Check
 A. National Criminal Background Check including Excluded Provider Search on OIG and GSA completed initially
 Date _____
 B. Criminal Disclosure Statement and Washington State Patrol Check (WATCH) completed initially then annually
 Date _____
 Date _____
 Date _____

Healthcare License
 May be used in place of National Criminal Background Check.
 A. State # _____
 Expiration Date _____ **OR**
 B. Not Applicable

Additional Requirements (if applicable)
 A. Current AHA BLS for Healthcare Provider Certificate
 Expiration Date _____
 B. Blood Borne Pathogen Education
 Date _____

Required Education
 Participants may be asked to complete additional education requirements prior to participating in patient care.