Maine Medical Center’s (MMC) policy requires all persons to be medically screened prior to gaining access to MMC facilities and patients. Individuals must meet the tuberculosis (TB) and immunization requirements for healthcare workers as set forth by CDC, Maine Law, and MMC policy.

Compliance must be met for all the checked items under “Job-specific Requirements” on page 2. The table, below, indicates how those requirements can be met. If any requirements have not been met, they must be completed prior to onset of MMC duties. MMC will issue an ID only after we have received a copy of the form on page 2, completed and signed by your medical provider. Please be aware that should MMC, or any regulatory agency, request specific documentation to verify requirements were met, you will have 24 hours to comply with the request.

Thank you for ensuring the safety of MMC’s patients by complying with these requirements.

<table>
<thead>
<tr>
<th>Acceptable Evidence of Compliance with TB &amp; Immunization Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Varicella (chicken pox)</strong></td>
</tr>
<tr>
<td><strong>Rubella (German measles)</strong></td>
</tr>
<tr>
<td><strong>Rubeola (Measles)</strong></td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
</tr>
</tbody>
</table>
### ACCESS POLICY

**HEALTH SCREENING FORM**

**To be completed by responsible MMC Director - Job-specific Requirements:**

- ✓ Immunity to measles, mumps, rubella and varicella
- ✓ Current seasonal influenza vaccine
- ✓ TB screening
- ✓ Hepatitis B immunity or documented declination – required for all staff with reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an individual’s duties.
- ✓ Tetanus (Td or Tdap) – required for MMCRI staff; all other staff are to receive one dose of Tdap vaccine, and to have a Td booster every 10 years

**To be completed by individual’s personal healthcare provider:**

**Verification of TB & Immunization requirements:**

My patient________________________________, DOB ______________, meets the TB & immunization requirements as outlined on page one, and I have documentation to verify my patient’s status as follows:

<table>
<thead>
<tr>
<th>Immune status definitions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Immune – meets immunity criteria by vaccine or serology evidence as listed on page one</td>
</tr>
<tr>
<td>✓ In process – currently susceptible, but vaccine series is underway in accordance with CDC guidelines</td>
</tr>
<tr>
<td>✓ Susceptible – vaccine is medically contraindicated, or individual has declined vaccine for sincere philosophical or religious reasons, or is a Hepatitis B non-converter (negative HBsAb after 6 documented doses of Hepatitis B vaccine)</td>
</tr>
</tbody>
</table>

**Tuberculosis:**

- N/A
- Documented negative TB status, or evaluation of positive TB screening, as listed on page 1
  - Date of last PPD _____________________

**Influenza**

- Documented current seasonal influenza vaccine; date____________  
  - Declined vaccine

**Rubella (German measles)**

- Immune
- Susceptible
- Vaccine in process

**Rubeola (measles)**

- Immune
- Susceptible
- Vaccine in process

**Mumps**

- Immune
- Susceptible
- Vaccine in process

**Varicella (chicken pox)**

- Immune
- Susceptible
- Vaccine in process

**Hepatitis B**

- N/A
- Immune
- Susceptible
- Vaccine in process
- Declined

**Tetanus**

- N/A
- Td within 10 years
- Tdap within 10 years

If “in process” or “susceptible” status for any of the above:

- My patient has been advised to refrain from close (in same room) contact with patients having suspected or known same disease

Sincerely,

<table>
<thead>
<tr>
<th>Healthcare provider name</th>
<th>Contact number</th>
<th>Date</th>
</tr>
</thead>
</table>