

**WELLSPAN HEALTH - UNPAID INTERN
VACCINATION DOCUMENTATION FORM**

Name _____

Date of Birth _____

Last 4 digits of SSN # XXX-XX- ____-____

Phone Number _____

INTERNS MUST SUBMIT THIS FORM WITH MEDICAL DOCUMENTATION OF ALL REQUIREMENTS LISTED BELOW. MEDICAL DOCUMENTATION INCLUDES HEALTHCARE PROVIDER OR ELECTRONIC MEDICAL RECORDS. RECORDS SUBMITTED MUST CONTAIN YOUR NAME & DATE OF BIRTH.

1. **Tuberculosis: Unpaid Interns have three options to provide Tuberculosis results:**
OPTION 1: 2-Step Tuberculin Skin Test/PPD within 12 months of the start of internship; provide results.
NOTE: A 2-step PPD is defined as placement of first test and read within 48-72 hours. Second PPD is placed 7-21 days after placement of the first PPD and read within 48-72 hours after placement.
If history of positive PPD, answer following questions **and** provide copy of check x-ray results within the last 12 months.
 - Do you have any current symptoms (persistent cough, fever, night sweats, etc)? _____
 - Did you do INH treatment? _____**OPTION 2: QuantiFERON Gold** performed within 3 months of the start of internship; provide results.
OPTION 3: T-spot test performed in within 3 months of the start of internship; provide results.
2. **Chicken Pox Vaccination (Varicella):** provide documentation of 2 placement dates or positive titer results.
NOTE: We will not accept “had disease” as documentation.
3. **MMR Vaccination (Measles, Mumps, Rubella):** provide documentation of 2 placement dates or positive titer results. **NOTE: We will not accept “had disease” as documentation.**
4. **TDAP (Tetanus, Diphtheria & Pertussis):** provide documentation of one (1) adult dose after age 11-12.
5. **Hepatitis B Vaccination:** provide documentation of 3 placement dates or positive titer results.
NOTE: Hepatitis B is the only vaccination that is not mandatory for internships. It is recommended that you have the vaccine, if you will be working in a clinical area with any potential of blood or body fluid exposure. If you have not had the series of 3 vaccinations or your Hepatitis B titer results were non-reactive or negative and you wish to decline receiving the vaccine, please sign below. By signing below, you acknowledge that you are aware of the risks involved with not receiving the vaccine and declining the Hepatitis B vaccines.

Intern Signature: _____
6. **Flu Shot:** WellSpan Health requires a mandatory flu vaccination when an Unpaid Intern is completing their internship from October 1st through April 30th (the end of flu season may be extended based on CDD/DOH).
 - Proof of flu vaccination, which includes location administered, date of administration, lot number and expiration date.
 - **NOTE: the end date of flu season may be extended based on CDC/Health Department.**
7. **Urine Drug Screen:** 10 Panel Drug Screening
 - **Must be within 6 months of the start of the WellSpan internship**
 - **ATTACH URINE DRUG SCREEN RESULTS**
 - **NO HANDWRITTEN RESULTS; must be electronic results from a lab**
8. **COVID-19 Vaccination:** student must either **submit proof** of being fully vaccinated against COVID-19, with either two-doses of a two-dose vaccine or one dose of a one-dose vaccine; or they must be approved for a medical or religious exemption by their institution. Schools must submit the required exemption documentation.