

**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: 1-Step Tuberculin Skin Test/PPD within 12 months of the start of internship; provide results. If history of positive PPD, answer following questions **and** provide copy of chest 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.
NOTE: If documentation of TDAP dose at age 10 and given within the past 10 years, this is acceptable. If the dose was given at age 10 and given greater than 10 years ago, an updated TDAP is required.
5. **Hepatitis B Vaccination:** provide documentation of 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 vaccination series 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. **NOTE: The end of flu season may be extended based on CDC/Health Department requirements.**
Note: Proof of flu vaccination, which includes location administered, date of administration, lot number & expiration date.

Please use the following link to report your current vaccination status prior to your start date.

<https://wellspan.vms.cerebrum.com/vaccination-upload>

Instructions:

Select the vaccine/vaccine exemption/COVID-19 Unvaccinated option you are trying to record.

Select all of the locations where you will be working.

Select the non-employee group you are associated with.

Enter your social security number.

Click Next.

Upload a photo of your proof of vaccination containing your name and date of birth as appropriate.

Click Next.

Read the Cerebrum terms and conditions disclaimer and click the box. The full disclaimer opens. Scroll to the bottom and click the “Agree to Terms and Conditions.”

Click Next.

Enter information in all asterisk fields. If you are unsure of a lot number, enter unknown as appropriate.

Click Submit/Next to complete.

7. **Urine Drug Screen:** 10 Panel Drug Screening (drug screen must include amphetamines, barbiturates, benzodiazepines, cocaine, methamphetamine/mAMP, methadone/MTD, opiates, oxycodone/OXY, phencyclidine/PCP and marijuana/THC).

- **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**
- **Specimens collected in a physician’s office will NOT be accepted as they are not collected in a forensic manner.**

8. COVID-19:

Required Reporting of COVID-19 Vaccine Status

Consistent with changes implemented by the Centers for Medicare and Medicaid Services (CMS) WellSpan no longer requires COVID-19 vaccination for health care workers in our facilities, but highly recommends our health care workers receive vaccinations and boosters against COVID.

If you are vaccinated through receiving the primary series of a COVID-19 vaccine or have received any recommended boosters, this information does need to be reported to us for continued tracking purposes in compliance with continuing regulatory requirements. **Where the vaccine is no longer required, a submission of vaccination status is required.**

Please use the following link to report your current vaccination status prior to your start date.

<https://wellspan.vms.cerebrum.com/vaccination-upload>

Instructions:

Select the vaccine/vaccine exemption/COVID-19 Unvaccinated option you are trying to record.

Select all of the locations where you will be working.

Select the non-employee group you are associated with.

Enter your social security number.

Click Next.

Upload a photo of your proof of vaccination containing your name and date of birth as appropriate.

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