

(PLEASE PRINT LEGIBLY)

LAST NAME

FIRST NAME, M.I.

DATE

AFFILIATED INSTITUTION/CONTRACTING AGENCY

CONTACT NAME

PHONE NUMBER

**CERTIFICATE OF COMPLIANCE  
RUSH UNIVERSITY MEDICAL CENTER  
JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY  
Infection Control Policies**

All rotating physicians (including residents in affiliated programs), students, trainees, contracting agency employees and observers who have contact with Rush University Medical Center (RUMC) or Cook County Bureau of Health Services (CCBHS) patients, must adhere to the same infection control policies as apply to employees. These requirements follow CDC guidelines for infection control in health care personnel. Individuals continuing work at RUMC or CCBHS must provide updated information on an annual basis. (See RUMC and Stroger Infection Control Annual Review Form)

**ALL PERTINENT LABORATORY RESULTS MUST BE ATTACHED**

**TUBERCULOSIS: Tuberculin Skin Test (TST), 2 STEP on hire.**

TST reading must be done from 48-72 hours after application. Individuals must have proof of TST within 90 days prior to work for CCHBS. If there is a positive TST, a baseline Chest X-ray is required

<b>REQUIRED</b>	
<b>Date</b>	<b>Result</b>
	mm induration

<b>TST Step 1</b>	<b>Date</b>	<b>Result</b> mm induration	<b>TST Step 2</b>	<b>Date</b>	<b>Result</b> mm induration

CXR (if required)	Date:	Result ( <i>ATTACHED</i> ):
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If history of positive TST, individual must be evaluated by their health care provider concerning signs and symptoms of illness possibly related to tuberculosis, including unexplained fever, cough, weight loss and night sweats. For individuals with a previous documented history of positive TST, a baseline Chest X-ray from within the past year is required.

Fever                      Yes     No                       Weight Loss                      Yes     No   
 Cough                      Yes     No                       Night Sweats                      Yes     No

**MEASLES (RUBEOLA), MUMPS & RUBELLA**

*SEROLOGY RESULTS (ATTACHED)*

Antibody titers indicating immunity to measles and rubella must be provided. It is advised that health care personnel have immunity to mumps

MEASLES (RUBEOLA)	IMMUNE <input type="checkbox"/>	NOT IMMUNE <input type="checkbox"/>	DATE:	<b>REQUIRED</b>
MUMPS	IMMUNE <input type="checkbox"/>	NOT IMMUNE <input type="checkbox"/>	DATE:	<b>REQUIRED</b>
RUBELLA	IMMUNE <input type="checkbox"/>	NOT IMMUNE <input type="checkbox"/>	DATE:	<b>REQUIRED</b>

**HEPATITIS B IMMUNITY**

*SEROLOGY RESULTS (ATTACHED)*

It is strongly advised by CDC, RUMC and Stroger Hospital that health care personnel have immunity to Hepatitis B. Hepatitis B Surface Antibody titers are required post immunization to prove immunity.

Date:	HB Surface Antibody <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<b>REQUIRED</b>
Date:	HB Surface Antigen <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<b>REQUIRED</b> IF NOT IMMUNE BY VACCINE

**VARICELLA**

SEROLOGY RESULTS (ATTACHED)

Antibody titers indicating immunity to varicella must be provided.

Date:	Varicella	IMMUNE <input type="checkbox"/>	NOT IMMUNE <input type="checkbox"/>	<b>REQUIRED</b>
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**TETANUS** Booster within 10 years required

Date:	Tetanus Booster			<b>REQUIRED</b>
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**Name of Trainee/Contractee:****Telephone Number:**

(Print)

**Address:**

Street

City/State

Zip Code

*I understand the Infection Control requirements of Rush University Medical Center and the Cook County Bureau of Health Services. I have undergone the tests listed above and give my permission for the person named hereon to release these results to Rush University Medical Center, its affiliates, and the Cook County Bureau of Health Services.*

Signature of Trainee/Contractee

Date

**CERTIFICATION OF RESULTS**

*I certify that the information herein is complete and correct to the best of my knowledge.*

Signature of Health Provider, Title (MD,RN, other)

Name of Institution or Agency\*\*

Phone Number

Printed Name

Address

Date

**\*\*OFFICIAL STAMP OR SEAL OF INSTITUTION OR AGENCY IS REQUIRED  
EXPLANATORY INFORMATION**

**TUBERCULOSIS**

Two- step Tuberculin Skin Testing (TST) is required. Standard TST testing of 5TU intradermal is given.

- If positive ( $\geq 10$  mm induration), a chest x-ray is obtained.
- If the initial TST is negative, a second 5 TU TST, performed at least one week- but not more than 3 weeks after the first negative TST, is required.
- If either TST is positive, the individual must be assessed for the signs/symptoms of active tuberculosis and a chest X-ray obtained.
- Individuals with a documented history of positive TST or active tuberculosis are not required to undergo TST testing. A baseline Chest X-ray result from within the past year must be forwarded with this Infection Control information.
- Tuberculosis screening must be updated annually for work at CCBHS/RUMC.

**RUBELLA** (German Measles)

All individuals must have evidence of Rubella immunity documented by antibody titer prior to work at CCBHS/RUMC

**RUBEOLA** (Measles)

All individuals must have evidence of Measles immunity documented by antibody titer prior to work at CCBHS/RUMC

**MUMPS**

All individuals must have evidence of Mumps immunity documented by antibody titer prior to work at CCBHS/RUMC

**HEPATITIS B**

Hepatitis B Surface antibody status is required.

- It is strongly recommended that all individuals participating in this program complete the immunization series for Hepatitis B.
- Once completed, immunization status must be CONFIRMED by repeating the Hepatitis B antibody titer test.
- If a blood or body fluid exposure occurs at work, individuals not immune to Hepatitis B would be offered Hepatitis B immunization and possibly advised to receive Hepatitis B immune globulin.

**VARICELLA**

Varicella IgG Antibody testing is required.

- It is strongly recommended that non-immune individuals be vaccinated.
- In the event of a varicella exposure, non-immune individuals would be precluded from work, advised to receive varicella vaccine and possibly be advised to receive Varicella Zoster Immune Globulin.

**TETANUS**

Vaccination or booster within 10 years is required.

Revised 6/06

Prepared by the Office of:

Rush Medical College Office of Medical Student Programs  
John H. Stroger, Jr. Hospital of Cook County  
Employee Health Service/Infection Control