Credentialing Checklist

1. **7 year criminal comprehensive Background**
2. **Immunizations** (including proof of flu vaccine between Oct 1 – Mar 31)
3. **Drug screen**—12 panel
   (Amphetamines, Barbiturates, Cocaine, Marijuana, Methaqualone, Opiates, Phencyclidine, Benzodiazepines, Methadone, Propoxyphene, Oxycodone, MDMA)
4. **Current TB** (one w/in last 12 months; and one w/ in 60 days of start, or annually for a clinical program)
5. **Current American Heart Association CPR card**

*Required Immunizations/Vaccinations:*

**Measles, Mumps, Rubella (MMR):**
- **Acceptable Immune Status:**
  1. Date of Birth - Born before 1957 compliant with MMR requirement
  2. 2 doses of Measles (or MMR) vaccine with 1st dose given on or after first birthday or serologic immunity result
  3. 2 doses of Mumps (or MMR) vaccine with 1st dose given on or after first birthday or serologic immunity result
  4. 1 dose of Rubella (or MMR) vaccine with 1st dose given on or after first birthday or serologic immunity result

**Varicella (Chicken Pox):** (History of disease no longer acceptable)
- **Acceptable Immune Status:**
  1. 2 doses of Varicella vaccine or serologic immunity result

  **Note:** Medical Student Services/Programs (e.g. Medical, PA, Grad, SRNA) require documented serology. If serology result is negative, students must also provide documentation of 2 doses of Varicella vaccine.

**Tetanus (Required for all Animal Care Workers):**
- **Acceptable Immune Status:**
  1. Documented history of Tetanus, Td, or TdA P within previous 10 years

  **Note:** Tetanus, Td, or TdA P is highly recommended for all HCWs

**Influenza (Seasonal):**
1. Generally noted as October 1 – March 31 or as determined by the WFBMC Influenza Immunization Task Force

**Tuberculosis Screening:**
- One of the following completed within the past 12 months is required:
  1. 2 step TB skin test (administered 1-3 weeks apart) One 60 days within start
  2. 2 consecutive annual tests administered 10-12 months apart, with the most recent administered within the past 12 months
  3. QuantiFERON Gold blood test (lab report required)
  4. T-Spot blood test (lab report required)
  5. IGRA blood test (lab report required)
- If positive results, submit:
  1. A clear chest x-ray (lab report required) AND proof of past positive testing
  2. A Symptom Free TB questionnaire from the last 12 months.

**Recommended Immunizations/Vaccinations for ‘At-Risk’ HCWs:**

Recommended for individuals whose job activities or work areas may place them at high risk for certain communicable diseases.

1. **Hepatitis B:** ‘At Risk’ individuals are those who may reasonably anticipate contact of the skin, eye or mucous membrane with human blood or body fluid
2. **Neisseria meningitidis:** ‘At Risk’ individuals are those who work with the Neisseria meningitidis organism in microbiology laboratory areas
3. **Rabies:** ‘At Risk’ individuals are those who work with dogs