

# Clinical Faculty Health Requirement Checklist

Please upload proof of each item below to Medatrax. Items marked with a red asterisk \* are required.

This form is to help you navigate these requirements correctly and does not need to be turned in.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

.....  
☐ **Flu Vaccine\*** Required Annually – Declination possible for serious allergy or religious confliction.

Dated: \_\_\_\_\_

☐ **AHA BLS Provider Certification\*** Expiration Date: \_\_\_\_\_

ACLS Will Suffice

☐ **TDAP\*** At least 1 dose of TDAP Required Dated: \_\_\_\_\_

If greater than 10 years since last dose, will required booster. Booster: \_\_\_\_\_

☐ **2 Step TB Skin Test\*** Required Initially Date of 1<sup>st</sup> Negative Reading: \_\_\_\_\_

Date of 2<sup>nd</sup> Negative Reading: \_\_\_\_\_

☐ **TB Skin Test\*** Required Annually Thereafter Date of Negative Reading: \_\_\_\_\_

If positive, please provide negative chest x-ray results and TB Screening/Assessment annually thereafter.

☐ **MMR\*** Proof of 2 doses **OR** Immune per titer for all 3 components

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ **OR** Titers: \_\_\_\_\_

☐ **Hepatitis B\*** Proof of 3 doses **OR** Immune per titer

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ Dose 3: \_\_\_\_\_ **OR** Titer: \_\_\_\_\_

☐ **Varicella\*** Proof of 2 doses **OR** Immune per titer Report of disease history will NOT fulfill this requirement

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ **OR** Titer: \_\_\_\_\_

☐ **Drug Screening\* (10-panel)** Required Annually Dated: \_\_\_\_\_

☐ **Health Insurance Card** Required for Assignments at Vanderbilt

☐ **COVID\*** Proof of Vaccination **OR** Approved TTU Exemption

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ **OR** Exempt: \_\_\_\_\_ (Medical or Religious)