## Faculty Communicable Disease Record

**Faculty Member's Name**

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**Date**

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**Campus Director's Name**

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**Campus**

For each communicable disease category below, the Campus Director will verify record, date and initial the results of screening and/or immunization(s), and the faculty member will maintain file copies of documentation, as needed.

### I. TUBERCULOSIS (checked by Campus Director initially upon employment and annually thereafter)

- **Skin test is:**
  - □ ≤ 10 mm
  - □ ≥ 10 mm

<table>
<thead>
<tr>
<th>Campus Director's Initials /Date</th>
<th>CDI/Date</th>
<th>CDI/Date</th>
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- □ Documentation of clearance for patient care.

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### II. RUBELLA (checked by Campus Director initially upon employment) Proof of immunization x 2 or positive titer required

- **Rubella titer is:** □ negative □ positive

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<thead>
<tr>
<th>Immunization Date: #1 _____ #2______</th>
<th>Campus Director's Initials /Date</th>
</tr>
</thead>
</table>

Exceptions (describe, document):

### III. HEPATITIS B (HBV) (checked by Campus Director initially upon employment or signed statement declining HBV vaccination - attached)

- **HBV titer is:** □ negative □ positive

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- **HBV immunization series**

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<tr>
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- **HBV re-immunization series**

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Exceptions (describe, document):

### IV. VARICELLA (Checked by Campus Director initially upon employment)

- **Varicella titer is:** □ negative □ positive

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<thead>
<tr>
<th>Immunization Date: #1 _____ #2______</th>
<th>Campus Director's Initials /Date</th>
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Exceptions (describe, document):
V. TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS (Checked by Campus Director)

Immunization Date: ________________________________
Campus Director’s Initials / Date

V. STANDARD/UNIVERSAL PRECAUTIONS (Checked by Campus Directors initially upon employment, and annually thereafter.)

<table>
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<tr>
<th>Campus Director’s Initials / Date</th>
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