

ATTACHMENT #1
Montana State University College of Nursing
Faculty Communicable Disease Record

Faculty Member's Name _____ Date _____

Campus Director's Name _____ 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:

≤ 10mm

Campus Director's Initials /Date _____ CDI/Date _____ CDI/Date _____ CDI/Date _____

≥ 10mm

Campus Director's Initials /Date _____ CDI/Date _____ CDI/Date _____ CDI/Date _____

Documentation of clearance for patient care.

Campus Director's Initials /Date _____ CDI/Date _____ CDI/Date _____ CDI/Date _____

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

Rubella titer is: negative positive

Immunization Date: #1 _____ #2 _____
Campus Director's Initials /Date _____

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 _____
Campus Director's Initials /Date _____

HBV immunization series _____
Campus Director's Initials /Date _____

HBV re-immunization series _____
Campus Director's Initials /Date _____

Exceptions (describe, document):

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

Varicella titer is: negative positive _____
Campus Director's Initials /Date _____

Immunization Date: #1 _____ #2 _____
Campus Director's Initials /Date _____

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.)

Campus Director's Initials/Date _____
CDI/Date CDI/Date CDI/Date CDI/Date