NACOGDOCHES MEDICAL CENTER & NACOGDOCHES MEMORIAL HOSPITAL
HEALTH SCREENING REQUIREMENTS

□ HEPATITIS B VACCINE
  • Laboratory evidence of immunity
    OR
  • Documentation of 3 Hepatitis B vaccines
    OR
  • Signed declination

□ MMR VACCINE (Measles, Mumps and Rubella)
  • Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella
    OR
  • Documentation of 2 MMR vaccines

□ Tdap VACCINE
  • Documentation of one vaccine
  • Within 10 years

□ VARICELLA
  • Laboratory evidence of immunity
    OR
  • Documentation of 2 Varicella vaccines (the Zoster/Shingles vaccine can count for one)
    OR
  • Documentation of prior disease (chicken pox or shingles)

□ INFLUENZA VACCINE (October 1 – March 31)
  • Documentation of current Influenza vaccine

□ TUBERCULOSIS SCREENING
  • Negative TB skin test or TB blood test
    OR
  • If history of positive: Chest X-ray, TB Questionnaire and documentation of prophylaxis
  • Done within 6 months of beginning rotation