

**WELLSPAN HEALTH - UNPAID INTERN
VACCINATION DOCUMENTATION FORM**

Name _____

Date of Birth _____

Last 4 digits of SSN # XXX-XX- ____

Phone Number _____

INTERNS MUST SUBMIT THIS FORM WITH MEDICAL DOCUMENTATION OF ALL REQUIREMENTS LISTED BELOW. MEDICAL DOCUMENTATION INCLUDES HEALTHCARE PROVIDER OR ELECTRONIC MEDICAL RECORDS. RECORDS SUBMITTED MUST CONTAIN YOUR NAME & DATE OF BIRTH.

1. **Tuberculosis: Unpaid Interns have three options to provide Tuberculosis results:**
OPTION 1: 1-Step Tuberculin Skin Test/PPD within 12 months of the start of internship; provide results. If history of positive PPD, answer following questions **and** provide copy of chest x-ray results within the last 12 months.
 - Do you have any current symptoms (persistent cough, fever, night sweats, etc)? _____
 - Did you do INH treatment? _____**OPTION 2: QuantiFERON Gold** performed within 3 months of the start of internship; provide results.
OPTION 3: T-spot test performed in within 3 months of the start of internship; provide results.
2. **Chicken Pox Vaccination** (Varicella): provide documentation of 2 placement dates or positive titer results.
NOTE: We will not accept “had disease” as documentation.
3. **MMR Vaccination** (Measles, Mumps, Rubella): provide documentation of 2 placement dates or positive titer results. **NOTE: We will not accept “had disease” as documentation.**
4. **TDAP** (Tetanus, Diphtheria & Pertussis): provide documentation of one (1) adult dose after age 11.
NOTE: If documentation of TDAP dose at age 10 and given within the past 10 years, this is acceptable. If the dose was given at age 10 and given greater than 10 years ago, an updated TDAP is required.
5. **Hepatitis B Vaccination:** provide documentation of placement dates or positive titer results.
NOTE: Hepatitis B is the only vaccination that is not mandatory for internships. It is recommended that you have the vaccine, if you will be working in a clinical area with any potential of blood or body fluid exposure. If you have not had the vaccination series or your Hepatitis B titer results were non-reactive or negative and you wish to **decline receiving the vaccine, please sign below**. By signing below, you acknowledge that you are aware of the risks involved with not receiving the vaccine and declining the Hepatitis B vaccines.

Intern Signature: _____

6. **Flu Shot and COVID-19 Vaccination Status:**
As part of your onboarding process, WellSpan policy requires we receive information about your flu vaccination status and COVID-19 vaccination status. Flu vaccination for the current flu season (October 1st through April 30th, or subject to change based on CDC/Health Department requirements) is required to work, volunteer or observe in a WellSpan facility. Vaccination against COVID-19 is not required but we must know your vaccination status for regulatory purposes. Please fill out this information at [this link](#) prior to your start date.