



Health & Vaccination Compliance Checklist

This checklist ensures that all new hires meet state, federal, and facility health requirements. All documentation must be attached. No staff member may begin an assignment without full clearance.

1. Tuberculosis (TB) Screening – Mandatory (Attach Results)

Two-Step PPD Skin Test

- Step 1 Date: _____ Result: Negative Positive
- Step 2 Date: _____ Result: Negative Positive

QuantiFERON Gold Blood Test

- Test Date: _____ Result: Negative Positive

If POSITIVE, Chest X-Ray Required

- Chest X-Ray Date: _____ Result: _____

2. COVID-19 Vaccination (Attach Vaccination Card or Lab Record)

Fully Vaccinated

- Manufacturer: _____
- Dose 1: _____ • Dose 2: _____

Booster Dose(s)

- Booster Date(s): _____

Declination Form Attached (if allowed)

3. Influenza Vaccine – Required Annually (Attach Proof)

Flu Vaccine Date: _____

Declination Form Attached

4. Hepatitis B (Attach Records)

3-Dose Vaccine Series

- Dose 1: _____ • Dose 2: _____ • Dose 3: _____

Positive Hepatitis B Titer

• Date: _____ Result: _____

Declination Form Signed

5. MMR (Measles, Mumps, Rubella) – Mandatory (Attach Records)

Two-Dose MMR Vaccine

• Dose 1: _____ • Dose 2: _____

Positive Titers

• Measles: _____

• Mumps: _____

• Rubella: _____

6. Varicella (Chickenpox) – Mandatory (Attach Records)

Two-Dose Varicella Vaccine

• Dose 1: _____ • Dose 2: _____

Positive Varicella Titer

• Date: _____ Result: _____

7. Tdap (Tetanus, Diphtheria, Pertussis) – Required Within 10 Years

Date Received: _____

8. Drug Screening – Mandatory (Attach Results)

Test Date: _____

Result: Passed Failed

9. Physical Exam / Fitness for Duty – Mandatory (Attach Physician Form)

Exam Date: _____

Provider Name: _____

10. Additional Facility Requirements (Attach Documentation)

Mask Fit Test (N95) — Date: _____ Fit Type: _____

Respiratory Questionnaire

Immunity Panel (Titers)

Other: _____

Employee Attestation

I certify that all documents submitted are accurate, truthful, and current. I understand that falsified or incomplete records may delay my start date or result in termination.

Employee Name: _____

Signature: _____ Date: _____

Agency Representative: _____

Date: _____