

NNNS Trainee Name _____

Health / Immunization and Insurance Requirements for NNNS-II Trainees at Women & Infants Hospital who are not Women & Infants Employees.

Please return form and accompanying proof to the Brown Center for Children at nnnstrainingprogram@CareNe.org. Scan of documentations sent via email is preferred. FAX 401-453-7646

W & I Required Health / Immunizations	NNNS Trainee Immunization (please provide dates and attach documented proof and values of titers, if applicable)
1. Proof of current physical examination	
2. Proof of vaccination for Hepatitis B or declined in accordance with OSHA guidelines	
3. Rubella – evidence of immunity by titer (or proof MMR vaccines)	
4. Chicken Pox – Evidence if immunity via Positive history of Chicken Pox (documentation needed)	
Chicken Pox – Varivax Vaccine (if no disease hx documented, then need proof of two varivax vaccines) or positive titers	
5. Tuberculosis – Negative Two Step Manoux (TB) within 12 months	
Tuberculosis – Positive TB must provide documentation of treatment that includes a negative chest X-ray	
6. Measles and Mumps – evidence of immunity is required OR	
Measles and Mumps – Documented records of 2 doses of measles and mumps vaccine	
Measles and Mumps – Immunity by titers	
7. Tdap vaccine booster	
8. Proof of vaccination for Influenza or declined in accordance with OSHA guidelines	

W & I Required Professional Liability Insurance Limits	NNNS Trainee Professional Liability Insurance Limits and dates covered
Trainee shall maintain liability limits of no less than \$1,000,000 / incident and \$3,000,000 in the aggregate Dates of Coverage should encompass the training period	

Requirements assessed by _____ **Date** _____

Attach copy of Insurance Certificate to this document.

Attach copy of Immunization Record to this document.