

NNNS Trainee Name _____

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

Please return scans of documentation and accompanying proof via email to the Brown Center for Children, ATTN: Lynne Andreozzi landreozzi@wihri.org and Robin Miller romiller@wihri.org

W & I Required Health / Immunizations (please provide dates and attach documented proof and values of titers, if applicable)
1. Proof of vaccination for Hepatitis B #1 _____ #2 _____ #3 _____ Hepatitis B Titer: _____
2. Measles and Mumps and Rubella – evidence of immunity is required OR Documented records of 2 doses of MMR vaccine OR Immunity by titers MMR#1 _____ MMR#2 _____ Measles: Immunization or Titer _____ Mumps: Immunization or Titer _____ Rubella: Immunization or Titer _____
3. Varicella (Chicken Pox) – Evidence of immunity via Positive history of Chicken Pox (documentation needed) or Vaccine (if no disease hx documented, then need proof of two varivax vaccines) or positive titers Proof of vaccine #1 _____ #2 _____ Varicella: Titer _____ Varicella: Disease _____
4. PPD (Tuberculin Testing 2-step) Tuberculosis – Negative Two Step (TB) within 12 months or Positive TB must provide documentation of treatment that includes a negative chest X-ray Date Planted #1 _____ Date Read #1 _____ Date Planted #2 _____ Date Read #2 _____ History of Positive reading: _____ Chest x-ray _____ Results: _____ Medication _____ Referral _____
5. Tdap vaccine booster (if last tetanus shot was > 2years ago) Tdap vaccine: _____
6. Influenza Vaccine: _____

7. COVID-19 Vaccine "Up to date" means a person has received all recommended doses of a COVID-19 vaccine, including any booster dose(s) when eligible. At this time: **Up to date** means having completed a COVID-19 vaccine primary series **and** received the most recent booster dose recommended for you by CDC. Up to Date includes having received the **BIVALENT booster** when recommended. The bivalent vaccine is recommended if it has been at least 2 months since finishing your primary series or having one or more monovalent booster(s).

Covid vaccine dose #1 _____ type: _____
Covid vaccine dose #2 _____ type: _____
Covid vaccine booster dose #1 _____ type: _____
Covid vaccine booster dose #2 _____ type: _____
Covid vaccine booster dose #3 _____ type: _____

8. N95 Respirator Fit Test: Date: _____ Size: _____

W & I Required Professional Liability Insurance Limits

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

Attach copy of Insurance Certificate to this document.

Attach copy of Immunization Record to this document.