EXHIBIT C
CHILDREN’S HEALTHCARE OF ATLANTA
PARTICIPANT HEALTH SCREEN REQUIREMENTS

The following health screen requirements are to be met prior to participants beginning his/her educational experience at Children’s.

1. TUBERCULOSIS – TB TEST MUST HAVE BEEN GIVEN WITHIN ONE (1) YEAR OF THE ENDING DATE OF THE EDUCATIONAL EXPERIENCE

☐ TB screening blood test: Positive ______ Negative ______ Date: ___________ OR
☐ Tuberculin skin test: Positive ______ Negative ______ Date: ___________

If positive have you:
1. Had a chest x-ray? Negative ______ Positive ______ Date: __________
2. Been treated with Anti-Tubercular Drugs? ☐ YES ☐ NO Date: __________

Two Step TB skin or blood test is required if no documentation of TB Test in the previous 12 months
☐ 1st Step Tuberculin skin test: Positive ______ Negative ______ Date: __________
☐ 2nd Step Tuberculin skin test: Positive ______ Negative ______ Date: __________ OR
☐ TB Screening Blood Test: Positive ______ Negative ______ Date: __________

2. M.M.R. (MEASLES, MUMPS, RUBELLA) – if given instead of individual immunizations

Regardless of Date of Birth:
☐ Must have proof of two doses of MMR OR
☐ Evidence of immunity for Mumps, Rubella and Rubeola (Measles) by titer
   MMR #1 Date: ____________________  MMR #2 Date: ____________________
   Positive Rubella titer Date: ____________________  Positive Mumps titer Date: ____________________
   Positive Measles/Rubeola titer Date: ____________________

3. VARICELLA (CHICKENPOX) – immunizations or proof of immunity by titer

☐ Must have proof of two doses of Varicella Vaccine or immunity by titer to Varicella
   Varivax #1 Date: ____________________  Varivax #2 Date: ____________________
   Positive Varicella immune titer Date: ____________________

4. TETANUS, DIPHTHERIA, PERTUSSIS

☐ Proof of a 1-time dose of Tdap. Date: ____________________

5. HEPATITIS B VACCINE – Evidence of completed Hepatitis B series vaccines and immunity by titer for all direct patient care providers, and those with potential for exposure to blood and body fluids (OSHA category 1 & 2)

☐ Hepatitis B vaccine required? ☐ YES ☐ NO
   Vaccine series Dates: #1. ________ #2. ________ #3. ________
   Positive Hepatitis B Surface antibody titer following the three series Date: ____________________

6. INFLUENZA VACCINATION – Participants are required to obtain the influenza vaccination prior to beginning his/her Educational Experience at Children’s during Influenza Season. Flu season is determined by the state public health office of epidemiology and varies from year to year.

☐ Have had Annual Influenza Vaccination Date: ____________________

It is the responsibility of the Participant to immediately contact the Children’s Coordinator and the Children’s Employee Health Department if the Participant:

a. is exposed to Varicella (Chickenpox) or Shingles with a negative history of Varicella;
b. is exposed to Measles, Mumps, or Rubella, if not immunized;
c. is exposed to Pertussis (Whooping Cough); and/or
d. acquires any of the above.

Note: Any participant having direct and or indirect contact with patients may not wear acrylic or artificial fingernails. Artificial and acrylic nails can carry hard to spot dirt and bacteria that can be dangerous to our patients. Please remove any potentially harmful fingernail polish or treatment before beginning your educational experience with Children’s.