

# Baystate Medical Center

## STUDENT IMMUNIZATION CLEARANCE FOR CLINICAL ROTATION

NAME OF SCHOOL \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

**\*\*ALL REQUIREMENTS MUST BE FILLED IN TO OBTAIN CLEARANCE FOR CLINICAL ROTATION**

**PPD (within a year)** DATE: \_\_\_/\_\_\_/\_\_\_ RESULT: \_\_\_\_\_ (in mm)

If POSITIVE: CXR DATE: \_\_\_/\_\_\_/\_\_\_ RESULT \_\_\_\_\_

**2MMR's OR TITERS**

#1 DATE \_\_\_/\_\_\_/\_\_\_ POSITIVE MEASLES DATE \_\_\_/\_\_\_/\_\_\_  
#2 DATE \_\_\_/\_\_\_/\_\_\_ POSITIVE MUMPS DATE \_\_\_/\_\_\_/\_\_\_  
POSITIVE RUBELLA DATE \_\_\_/\_\_\_/\_\_\_

**2 VARIVAX OR TITER**

#1 DATE \_\_\_/\_\_\_/\_\_\_ POSITIVE VARICELLA DATE \_\_\_/\_\_\_/\_\_\_  
#2 DATE \_\_\_/\_\_\_/\_\_\_ History of disease is not accepted!

### **INFLUENZA**

The Massachusetts Department of Public Health has mandated that all health care workers are vaccinated against the seasonal and H1N1 influenza annually.

SEASONAL & H1N1 INFLUENZA VACCINATION DATE \_\_\_/\_\_\_/\_\_\_

If you decline to receive the vaccinations, you must submit the attached declination form.

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Return to: Baystate Medical Center  
Undergraduate Medical Education  
759 Chestnut Street, Springfield, MA 01199  
Fax: 413-794-0300

**Declination of Influenza Immunization**

Effective September 14, 2009, the Massachusetts Department of Public Health requires that employees, volunteers with direct patient contact, students, community physicians and LIP's, and contractors who physically work at or come to the hospital receive the H1N1 influenza vaccine or sign this declination form.

Baystate Health supports this requirement to protect our employees and the patients we serve.

**Seasonal Influenza & H1N1 Influenza Combination Vaccine:**

If you have received the seasonal and H1N1 influenza combination vaccination for the 20\_\_-20\_\_ academic year, please provide documentation to the Undergraduate Medical Education Office.

If you have NOT received the seasonal and H1N1 influenza combination vaccination for the 20\_\_-20\_\_ academic year, please complete below:

\_\_\_\_\_ I have chosen to decline the seasonal and H1N1 influenza combination vaccination for the 20\_\_-20\_\_ academic year.

Reason: \_\_\_\_\_

.....  
I have received, read, and understand the information about the risks and benefits of the seasonal influenza vaccine and the H1N1 influenza vaccine. (information sheet attached)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

# Baystate Medical Center

## INFLUENZA

The Massachusetts Department of Public Health has mandated that all health care workers either be vaccinated against both seasonal and H1N1 influenza, or sign a declination form. The MDPH requires that if an employee declines the flu vaccine, he or she must by law complete a declination form. Signing a declination form has no impact on your student status.

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year;
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death;
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility;
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others;
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the influenza vaccine;
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
  - patients in this healthcare setting;
  - my coworkers;
  - my family; and
  - my community.

### **Is it a cold or the flu?**

#### **Cold:**

- Runny nose
- Sneezing
- Sore throat
- Mild, moist cough

#### **Flu:** Sudden onset of:

- Fever greater than 100 degrees
- Severe muscle aches
- Dry cough
- Extreme exhaustion

### **Feeling ill?**

Consult the Influenza Guide for Medical Students at Baystate Medical Center (attached)

### **Protect yourself at work:**

Follow isolation precautions for the duration of patient illness, which may be longer than seven days. Wear surgical mask and eye protection when examining or caring for a patient with suspect or confirmed flu, cough or any respiratory symptoms. Wear an N95 or PAPR when performing suctioning, bronchoscopy, intubation, or extubation of a flu patient.

### **Keep germs away:**

1. Wash or sanitize your hands frequently.
2. Don't share food, utensils, or beverage containers with others.
3. Use tissues and throw in the trash.
4. Don't share anything that might have respiratory germs i.e. hand towels, water glasses, toys.

## Influenza Guide for Medical Students of Baystate Medical Center

November 2009

### What are the symptoms?

Fever, headache, sore throat, cough, body aches, runny or stuffy nose, chills and fatigue. Some people may have vomiting and diarrhea. Respiratory symptoms without a fever are not uncommon.

### What if I have flu symptoms?

If you are home, stay home. If you are on a shift, you will be sent home immediately.

You are required to stay home for at least 5 days after the onset of symptoms or 24 hours after symptoms end, whichever is longer.

If you need medical attention, please call your PCP or BMC's Employee Health Office (794-3254) to discuss the best course of action. To prevent the spread of illness, people with flu-like symptoms are asked not to go to walk-in health clinics.

A physician's note will not be required for missed time.

### Who should I contact?

You must immediately contact your Clerkship/Elective Director and Administrator to coordinate your absence.

For tracking purposes, please also notify [Jodi-Lyn.Manning@Baystatehealth.org](mailto:Jodi-Lyn.Manning@Baystatehealth.org).

### How will an absence effect my rotation?

Generally medical students are only allowed 2 days of absence during a clerkship or elective. In light of the recent seasonal and H1N1 influenza outbreaks, we will need to be more flexible and make determinations on a case-by-case basis.

Clerkship and Elective programs are being asked use their best judgment but to be flexible in allowing students to complete their rotations without an undue burden of weekend make-up time if possible. If a student misses more than one week of a clerkship or elective, he/she may have to make up some of the days at another time.

### What is my responsibility?

Take precautions:

- Clean your hands! Wash or use Calstat sanitizer before and after any patient contact.
- Avoid touching your eyes, nose, and mouth with your hands.
- Clean phones, keyboards, door knobs, ect. with Virex, Sanicloth or Hi Tor.
- Sneeze and cough into a tissue or the crook of your elbow instead of your hands. Dispose of tissue in the trash and clean hands immediately.
- Wear personal protective equipment when entering the room of a patient with possible influenza.

Students are expected to act responsibly with regard to their teams and patient responsibilities by fully communicating with Clerkship/Elective Directors, attendings, housestaff, ect...