

Vaccine Preventable Disease Policy Vaccination or Immunity Attestation

Memorial Hermann Use Only
(Copy to)
MSO: _____
OH: _____

Section 1: (complete where applicable)

PRINT CLEARLY Name: (Last) _____ (First) _____

MSO / Employee / Volunteer Number: _____ Student's/Contractor's Affiliation: _____

Status: (place and "X" by ONLY one)

- | | | | |
|--|-----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Physician/AHP | <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor | <input type="checkbox"/> Student |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Resident | <input type="checkbox"/> Fellow | <input type="checkbox"/> Other |

(Credentialed Clinicians ONLY) "X" all Memorial Hermann location(s) where you will or have privileges:

- | | | |
|--|---|---|
| <input type="checkbox"/> Greater Heights Hospital | <input type="checkbox"/> Bay Area Endoscopy Center | <input type="checkbox"/> Surgery Center - Richmond |
| <input type="checkbox"/> Katy Hospital | <input type="checkbox"/> Endoscopy Center North Loop | <input type="checkbox"/> Surgery Center – Southwest |
| <input type="checkbox"/> Memorial City Medical Center | <input type="checkbox"/> North Houston Endoscopy & Surgery | <input type="checkbox"/> Surgery Center – Sugar Land |
| <input type="checkbox"/> Northeast Hospital | <input type="checkbox"/> Texas International Endoscopy Center | <input type="checkbox"/> Surgery – Texas Medical Center |
| <input type="checkbox"/> Rehabilitation Hospital of Katy | <input type="checkbox"/> Doctors Outpatient Surgicenter | <input type="checkbox"/> Surgery Center – West Houston |
| <input type="checkbox"/> Southeast Hospital | <input type="checkbox"/> Memorial Village Surgery Center | <input type="checkbox"/> Surgery Center – The Woodlands |
| <input type="checkbox"/> Southeast Hospital - Pearland | <input type="checkbox"/> Prevention and Recovery | <input type="checkbox"/> Surgery Center – Woodlands Parkway |
| <input type="checkbox"/> Southwest Hospital | <input type="checkbox"/> Surgery Center – Katy | <input type="checkbox"/> Surgical Hospital First Colony |
| <input type="checkbox"/> Sugar Land Hospital | <input type="checkbox"/> Surgery Center – Kingsland | <input type="checkbox"/> Surgical Hospital Kingwood |
| <input type="checkbox"/> Texas Medical Center | <input type="checkbox"/> Surgery Center – Kirby Glen | <input type="checkbox"/> TOPS Surgical Specialty |
| <input type="checkbox"/> The Woodlands Hospital | <input type="checkbox"/> Surgery Center – Northwest | <input type="checkbox"/> United Surgery Center Southeast |
| <input type="checkbox"/> TIRR | | |

Section 2: (complete all questions; place an "X" by the correct response)

	Yes	No
1. Hepatitis B: Have you had one series of Hepatitis B vaccine and a positive Hepatitis B serum antibody <i>or</i> two series of Hepatitis B vaccine (6 total vaccinations)?	<input type="checkbox"/>	<input type="checkbox"/>
2. MMR (Measles, Mumps and Rubella): Have you had two MM vaccinations and one rubella vaccination <i>or</i> had a positive titer for each?	<input type="checkbox"/>	<input type="checkbox"/>
3. Varicella: Have you had two doses of Varicella vaccination <i>or</i> one dose of Zoster vaccine <i>or</i> had a positive serum antibody Varicella titer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Tdap/Td (Tetanus, Diphtheria, Pertussis): Have you had at least one vaccination that included Pertussis <i>and</i> that vaccination was within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Influenza: Have you had a seasonal flu immunization for the current Influenza season? (Oct – March)	<input type="checkbox"/>	<input type="checkbox"/>

**Vaccine Preventable Disease Policy
Vaccination or Immunity Attestation (continued)**

	Yes	No
6. Are you at risk for another vaccine preventable disease, not listed above?		
7. Are you aware if you have had a non-response to a vaccine or if you have no immunity to any disease listed?		
Please provide details for no immunity _____ _____		
8. Are you currently registered with the state of Texas immunization database (ImmTrac)? . . .		

In order to comply with Texas state law each Health Care Professional must provide to Memorial Hermann any one or combination of four proof or exception options:

- (a) immunization records *OR*
- (b) titers indicating immunity *OR*
- (c) request an exception (religious, medical or reason of conscience) to the vaccine preventable disease policy (please review policy for requirements if you select this option) *OR*
- (d) if you answered “yes” for questions 1 – 5 above, no further action may be necessary. If you marked “no” to any question above you may report to any Memorial Hermann Occupational Health clinic for titers or immunizations referenced within the Vaccine Preventable Disease Policy at no cost to you.

I do hereby attest that the information above is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of any material fact may subject me to disciplinary action up to and including termination of employment, or suspension of privileges. Please review the “Memorial Hermann Vaccine Preventable Disease Policy” for additional information.

Print Name: _____

Signature: _____ Date: _____