Occupational Health Department

NMRTC Bremerton and Branch Health Clinics

(PSNS/Bangor/Everett)

**HEALTHCARE WORKERS**

**Program Elements FY2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1 | Occupational history, Data Grid 5100/15, completed/current |   |   |  |
| 2 | MMO form (719) complete and in EHF (including demographics), note charted in MHS Genesis  |   |   | Baseline exam only |
| 3 | Worker also enrolled in Respirator Program (716) |  |  | If applicable (not required for active duty) |
| 4 | Are immunizations current: Documented MMR, TDAP, Varicella, Influenza, and Meningococcal  |  |  | Influenza exemption form mandatory, mask policy enforced for workerMeningoccocal vaccine only given if routine exposure to N. meningitides expected |
| 5 | MMR and Varicella titers in record |  |  | Only if completed shot series not verified in record. |
| 6 | 2 step PPD skin test/Quant Gold blood test completed |   |   | Baseline ONLY, if applicable. |
| 7 | PPD screening form done |  |  | If needed. Annual screening done for convertors ONLY.  |
| 8 | Communication to supervisor that worker is qualified/not qualified for this program  |  |  | Via PWO, or 5100/1 form, or schedulers communication tool, MMO form completed and signed by provider |

**Records screened for compliance**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of review | Pt. Init. | Last 4SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Comments (use back of form as needed) |
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Validated by/Program Manager Signature Date