

NAME: _____

DIVISION: _____

Date: _____

**University of Michigan
School of Nursing
HEALTH REQUIREMENTS, CPR CERTIFICATION and STANDARD
PRECAUTIONS FOR FACULTY**

All faculty are required to submit documentation of the following immunizations and CPR certification by date of hire. These records are kept by each Division.

Disease	Notes	Result/Date
Tuberculin skin testing	<p>Negative PPD current for each academic year. A current Negative Tuberculin test is required annually.*</p> <p>If history of a positive PPD, then ONE negative x-ray confirmation is required.*</p> <p><i>*TB skin testing is required annually and repeat x-ray is required if exposure to TB or symptoms develop.</i></p>	<p>✓ _____ Date</p> <p>✓ _____ Result</p>
Tetanus Diphtheria booster	Within ten years	✓ _____ Date
Varicella (Chicken Pox)	<p>History of Disease</p> <p style="text-align: center;"><i>or</i></p> <p>2 doses of vaccine</p>	<p>✓ _____ Date of illness</p> <p>✓ _____ Dates</p>
Measles, Mumps, Rubella (MMR)	Persons born before 1957 are considered immune to rubella, rubeola, and mumps.	<p>Date of birth (if before 1957 go directly to Hepatitis B section):</p> <p>✓ _____ Date of Birth</p>
Rubella (German Measles)	<p>✓ Positive titer (greater than 10) (copy of report)</p> <p style="text-align: center;"><i>or</i></p> <p>✓ Date of first and second dose of MMR after 12 months of age</p> <p style="text-align: center;"><i>or</i></p> <p>✓ History of rubella</p>	<p>✓ _____</p> <p>✓ _____ Dates</p> <p>✓ _____ Date of illness</p>

Rubeola	<input checked="" type="checkbox"/> Positive Rubeola titer (copy of report) <i>or</i> <input checked="" type="checkbox"/> Date of first and second dose of vaccine after 12 months of age <i>or</i> <input checked="" type="checkbox"/> History of rubeola	<input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ Dates <input checked="" type="checkbox"/> _____ Date of illness
Mumps	<input checked="" type="checkbox"/> Positive mumps titer <input checked="" type="checkbox"/> History of mumps <input checked="" type="checkbox"/> If born after 1956, documentation of 2 doses of MMR	<input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ Date of illness <input checked="" type="checkbox"/> _____ Dates
Hepatitis B	<input checked="" type="checkbox"/> Hepatitis B immunizations-series of 3 doses. Documentation provided. <i>or</i> <input checked="" type="checkbox"/> Positive Hepatitis B antibody (report attached) <i>or</i> <input checked="" type="checkbox"/> Signed waiver (attached)	<input checked="" type="checkbox"/> _____ Dates <input checked="" type="checkbox"/> ___ Waiver attached
CPR Certification	<input checked="" type="checkbox"/> Current CPR Certification for Health Care Provider (copy of card attached)	<input checked="" type="checkbox"/> _____
Standard Precautions		<input checked="" type="checkbox"/> _____ Date

HEALTH REQUIREMENTS FOR SCHOOL OF NURSING FACULTY

Background:

Increasing numbers of clinical agencies are requiring that both faculty and students meet the same health requirements including immunizations, CPR certification, and Universal Precautions (OSHA standards). These are minimum and basic requirements for most faculties at other institutions as well. Although we have a policy in place for students there is not a current policy in place for faculty. After discussion with AC and EC the following policy will be implemented.

Policy:

Effective September 1, 2004, all faculty will need to have a record on file in their Division that documents the information on the attached form titled: "HEALTH REQUIREMENTS, CPR CERTIFICATION, AND STANDARD (Body, Substance) PRECAUTIONS" dated December 1, 2005. These represent the health requirements that agencies are requiring for students and faculty to be in their sites.

A completed copy with relevant attachments should be submitted to the Division office by September 1st of each year (updated only as appropriate). For example, TB testing is an annual requirement; CPR training is renewed every two years.

For faculty who have not received the Hepatitis B series, documentation of the first and second injection by September 1st, with the third injection documented by January of the next year. A complete Hepatitis B series takes approximately 6 months to complete. For those who choose to not receive the Hepatitis B series, a waiver may be requested from the Division or OCP and signed. The [waiver](#) needs to be attached with the completed Health Requirements form.

Addendum

Some insurances pay for the testing and immunizations; M-Care covers CPR training as well.

It is best to obtain the needed immunizations from your primary care provider who has your records and can often assist in covering the cost through insurance, although you may also contact the Washtenaw County Health Department, University Health Service, or the School of Nursing Nurse Managed Centers.

- M-Care covers immunizations, PPD testing and CPR training.
- Care Choices does not cover immunizations required for employment, however the immunizations listed above are usual adult immunizations and as a health care worker the Hepatitis B is recommended and likely covered.

CPR training is offered twice a year in the School of Nursing, May and September. It is covered by MCare. If you don't have MCare, each person is responsible for the fee.

A module on body substance precautions will likely be available on the SON website for faculty to view.