



A Health Clearance is **required** prior to your guest rotation at UC Irvine Medical Center. The Health Clearance includes:

1. Submit your health records and supporting documentation directly to the UCI program coordinator managing your guest rotation.

<input type="checkbox"/> Resident	Name of Program	DOB	
<input type="checkbox"/> Fellow		Phone	
Name	Last	email	
	First	Cell	

Fellow and Resident Physician Health Clearance Requirements

REQUIREMENTS	INSTRUCTIONS
History of Negative TB	Documentation of <ol style="list-style-type: none"> 1) 1 TB skin test less than 1 year old OR 2) 2 prior TB skin tests with millimeters of induration AND/OR 3) Negative Quantiferon blood test within 3 months of start date Note: (UC Irvine <u>does not</u> provide Quantiferon testing) One TB skin test must be placed at UC Irvine.
History of Positive TB (Note that history of TB or CXR alone is insufficient proof, if you do not submit supporting documentation, you will have a TB test placed at UCI)	Documentation of <ol style="list-style-type: none"> 1) Positive TB skin test with date placed, date read, with millimeters of induration AND/OR 2) Positive Quantiferon blood test (with reference ranges) Note: (UC Irvine does not provide Quantiferon testing) and <ol style="list-style-type: none"> 3) Report of Chest X-ray done within the past year
Varicella Immunity	Documentation of 2 varicella immunizations with dates given and MUST have official doctor's office stamp or signature with titles (ex: MD, RN, NP) Or positive varicella titer (with reference ranges)
Measles, Mumps, Rubella Immunity	Documentation of 2 MMR immunizations with dates given and MUST have official doctor's office stamp or signature with titles (ex: MD, RN, NP) Or positive MMR titers (with reference ranges)
Hepatitis B Vaccine	Hepatitis B Surface Antibody titer (with reference ranges)
Hepatitis C	Hepatitis C Antibody titer done within 1 month of the date your documentation is submitted to Occupational Health (with reference ranges)
Tdap	Documentation of vaccination with date given (<10 years) and MUST have official doctor's office stamp or signature with titles (ex: MD, RN, NP)
N-95 TB Mask Fit Test	

Please direct all health clearance issues to Occupational Health (714)456-8300.