



By signing below, I, _____, am attesting to the fact that I have
(Name of Observer)

satisfied the immunization requirements outlined below for job shadowing at Hospital Sisters Health System.

1. **MMR vaccination (measles, mumps and rubella), regardless of age.** Documented history of two MMR's or documentation of positive Rubella, Rubeola and Mumps titer.
2. **Mantoux tuberculosis (TB) skin test done within the last 12 months with negative results.** If TB skin test was positive, documented report of a negative chest x-ray.
 - a. I attest that I am not currently experiencing any of the following symptoms:
Unexplained fatigue, unexplained cough (more than 3 weeks), coughing up blood, unexplained weight loss, night sweats, loss of appetite, or unexplained fever.
3. **Varicella vaccination.** Documented history of two Varicella vaccines or positive Varicella titer or documented history (from a health care provider) of chicken pox or shingles.
4. **Influenza vaccination** for the current influenza season for any observer who is in an HSHS facility for at least one day of their observational period between October 1 and March 31.

Signature of Observer

____/____/_____
Date

**A parent or guardian signature is required if observer is under the age of 18 years old.

Signature of Parent/Guardian

____/____/_____
Date