

Dear Graduate Medical Education Fellow or Resident,

We're excited to have you join our Duke University Health team. As part of the Duke Employee Occupation Health and Wellness (EOHW) placement health review process, the following items are needed:

- A) Schedule a clinic visit – if remote clearance can be completed, it will be cancelled.
- B) Send the following documentation:
  - 1) A health assessment initial pre-placement form,
  - 2) Required immunizations documents including tuberculin status,
  - 3) Drug screening,
  - 4) Color blindness screening, and
  - 5) Respirator use screening.

We are doing this process remotely in response to the COVID emergency. Included in this file is a page of FAQs. When you send in #1) initial pre-placement form, a nurse will be assigned to work your case and will affirm your initial information has been received.

**Please note that in order to expedite & streamline the process, please upload all completed forms, at the same time, as one file or document.**

Please go to the secure portal [https://duke.qualtrics.com/jfe/form/SV\\_9ZiDYxKsjl9eqJT](https://duke.qualtrics.com/jfe/form/SV_9ZiDYxKsjl9eqJT) and upload your documents. You can also fax your documents to 919-385-7574. We review the documents in order of your start date and placement priority. Please allow a minimum of 10 business days for the nurses to review your information. We will contact you with any questions.

**The packet takes time to complete.  
PLEASE START ON YOUR PACKET NOW.  
You cannot participate in your orientation  
until you are cleared by EOHW.**

If you have any questions, please call 919-684-3136 option 2. Indicate you are GME.

Thank you,

Duke Employee Occupational Health and Wellness

## Health Requirements

The placement health review is a required process for selected positions at Duke University based on federal, state, and Duke University regulations and policies. All information is maintained confidentially and separately from personnel and other Duke medical records. In addition to below items, a health review screening is required. Please provide documentation for each item below.

Yes	Medical Record Requirements
	<p><b>Official Documentation of your Tuberculosis (TB) status:</b></p> <ul style="list-style-type: none"> <li>• Documentation of a TB skin test (mm induration) or TB blood test (IGRA) - within 1 year prior to start date at Duke. <i>(Note- Individuals who are 55 years or older, have previous equivocal TB testing results, have a history of BCG vaccine, or are from TB endemic areas will be required to show proof of a two-step skin test), or</i></li> <li>• Documentation of previous positive result for the TB skin test or blood test               <ul style="list-style-type: none"> <li>○ <b><u>Those who have positive TB skin or blood test will need to provide documentation of chest x-rays, prior TB medication, and completed TB questionnaire form, described further in the FAQs.</u></b></li> </ul> </li> </ul>
	<p><b>Official Documentation</b> of your measles immunity, either:</p> <ul style="list-style-type: none"> <li>• Two doses of measles vaccine or 2 (MMR) vaccines or</li> <li>• A positive blood test (titer) for Measles (Rubeola) Antibody IGG</li> </ul>
	<p><b>Official Documentation</b> of your mumps immunity, either:</p> <ul style="list-style-type: none"> <li>• Two doses of mumps vaccine or 2 (MMR) vaccines or</li> <li>• A positive blood test for Mumps Antibody IGG</li> </ul>
	<p><b>Official Documentation</b> of your rubella immunity, either:</p> <ul style="list-style-type: none"> <li>• One dose of rubella vaccine or (MMR) vaccine or</li> <li>• A positive blood test for Rubella Antibody IGG</li> </ul>
	<p><b>Official Documentation</b> of your “chicken pox” varicella (Vz) immunity, either:</p> <ul style="list-style-type: none"> <li>• Two doses of varicella vaccine or</li> <li>• A positive blood test for Varicella surface Antibody IGG</li> </ul>
	<p><b>Official Documentation</b> of “whooping cough” pertussis immunity is required if providing care to children 18 months of age or younger as well as in certain designated work areas*</p> <ul style="list-style-type: none"> <li>• Tdap vaccination within past 10 years</li> </ul> <p>* For all others, vaccination with acellular pertussis vaccine (Tdap) is recommended.</p>
	<p><b>Official Documentation</b> of influenza immunity:</p> <ul style="list-style-type: none"> <li>• Documentation of influenza vaccine during current flu season. Requests for exemptions must be made through Employee Occupational Health.</li> <li>• Annual influenza vaccination is required for your employment at Duke.</li> </ul>
	<p><b>Hepatitis B Vaccination and Post Vaccination Antibody Titer</b> –Vaccine series is strongly recommended. Provide record of vaccination and/or Hepatitis B Antibody results.</p> <p><b>Healthcare workers <u>without proof of Hepatitis B antibody titer</u></b> after vaccine series are encouraged to obtain a titer prior to placement appointment.</p>
	<p><b>Documentation</b> of polio immunity:</p> <ul style="list-style-type: none"> <li>• History of receiving childhood polio vaccine is <u>acceptable</u>.</li> </ul>
	<p>If you have received one or more vaccinations for COVID-19, please include documentation which has the manufacturer and date of the vaccine. At this time, COVID-19 vaccination is strongly recommended but not required for hire at Duke.</p>

# DUKE EMPLOYEE HEALTH SCREENING PROCESS

## FAQ

### **What is this Health Review process all about?**

Duke Employee Occupational Health and Wellness (EOHW) addresses the health of Duke's employees as it pertains to their ability to function safely at work for personal, colleague, and patient safety. We must ensure that minimum health requirements are met by all employees.

### **How do I complete the Employee Occupational Health Assessment - Initial Pre-Placement Form?**

The Employee Occupational Health Assessment Pre-Placement form is used for all jobs in the Duke Health System. Filling it out completely will help to ensure there are no delays in your clearance. Once the form is submitted, a nurse will contact you and update information, if needed. The medications list and the answers to the Yes/No questions on Page 2 will be reviewed with you by a nurse as needed. This form is kept in EOHW exclusively. It is not shared with your supervisor or the GME office. It is not uploaded into Epic.

### **Where can I send my completed packet?**

Please go to the secure portal [https://duke.qualtrics.com/jfe/form/SV\\_9ZiDYxKsjl9eqJT](https://duke.qualtrics.com/jfe/form/SV_9ZiDYxKsjl9eqJT) and upload your documents. You can also fax your documents to 919-385-7574, Attention: [your nurse's name]. We review the documents in order of your start date and placement priority. Please allow a minimum of 10 business days for the nurses to review your information. We will contact you about any problems.

### **Who has access to my personal health information?**

Your privacy is our utmost concern. All health information is maintained confidentially by EOHW and not shared with management or your department. EOHW only shares whether you are or are not safe for work with or without limitations.

### **Who can monitor the color blindness screen?**

A colleague, classmate, or other friend who is willing to affirm the outcome of color blindness testing.

### **Where can I find my vaccination records?**

If you need official copies of vaccination records, or if you need to update your personal records, there are several places you can locate records:

- If you are or have been employed in healthcare, a place to start is your organization's Employee Health department. They likely will have similar requirements as Duke.
- Medical, nursing, and other healthcare related schools frequently require the same vaccinations as Duke.
- Check with your doctor or public health clinic. Keep in mind that vaccination records are maintained at a doctor's office for a limited number of years.
- Check with previous employers (including the military) that may have required immunizations.

- Ask parents or other caregivers if they have records of your childhood immunizations.

## **Proof of Vaccination**

Candidates must provide proof of vaccination or immunity which includes one of the following:

- A form showing the signature or stamp of a physician or his/her designee, or public health personnel that shows the month, day, and year the vaccination dose or booster was administered.
- An official immunization record generated from a state or local health authority or school that shows the month, day, and year the vaccination or booster dose was administered.
- A document which provides titer test results (applies to only some immunizations).

## **What If You Can't Find Your Records**

If you can't find your personal records or records from the doctor, you may need to get vaccinated again. While this is not ideal, it is safe to repeat vaccines. Another option for some vaccines is to have blood drawn to check for immunity. These blood tests are called "immunity titers" and can be drawn for Measles, Mumps, Rubella, and Chickenpox.

## **Private Insurance**

Most insurance plans cover certain vaccines when provided by an in-network provider. **Check with your insurance provider for coverage details.**

## **Finding Services for Vaccines**

You have the option of going to Urgent care, private doctor offices, pharmacies (i.e. Walgreens, Costco, CVS), workplaces, community health clinics, or health departments to receive immunizations. Each place offers different services. We highly recommend that you call ahead or check their website to confirm the immunizations offered. If you are unable to obtain vaccinations through a personal healthcare provider, you will need to have an in person visit at EOHW.

## **Finding Services for employment drug testing**

Employment drug testing is done at LabCorp locations. To find the nearest location, please visit <https://www.labcorp.com/labs-and-appointments>. Input your address or zip code in the box, and for the "Select Service" dropdown, choose "Employment Drug Testing".

In light of the COVID-19 crisis, please call your selected LabCorp to confirm they are still conducting employment drug testing and schedule an appointment. You must take the LabCorp form to your visit. You will not be billed for this service.

## **What if my urine drug screen is Positive?**

Some prescription medications can cause you to have a positive urine drug screening result. We require that you produce a copy of your CURRENT prescription for the medication the test detected.

(Continued on next page)

## **Tuberculosis (TB) screening**

**TB tests can be done at many locations, such as CVS minute clinic, Health Department, Urgent care or private doctor's offices. It is essential that Duke have a baseline assessment of Tuberculosis status.**

If you have **NEVER** had a POSITIVE screening for TB, you will need to provide documentation of a negative test within the past 12 months. The acceptable tests are a TB Skin Test (IPPD, or "Mantoux"), or a blood test called IGRA (Quantiferon Gold, or T-spot)..

If you have **EVER** had a POSITIVE TB screening test, gather all records regarding the tests and follow-up activities, such as Chest X-rays, and any prophylactic medications you completed (e.g. INH, Rifampin).

**Documentation of past Chest X-rays, even if done within 12 months, does not alone establish your baseline assessment.**

If you have had **either** a POSITIVE skin test or blood test and have NOT finished a course of the prophylactic medications, you will need documentation of two negative chest x-rays, one of which must have been 18-24 months after your first positive TB test, and a completed "TB Questionnaire-initial" form, before clearance. If you HAVE completed a course of medication, please provide proof that you completed the medication and also complete the TB Questionnaire – initial. If you are in this category, please email and request the additional form "TB Questionnaire-initial", as early as possible.

## **What if I still have questions?**

Please call EOHW 919-684-3136, option 2 and ask for a nurse to discuss placement health review questions.