Employee Health Clearance

If an incoming observer is an international student/graduate **and/or** an international citizen, please reach out to the International Visiting Scholar Office (email address: ivs@uab.edu) to begin the IVS admissions process for this incoming observer. Any observer who meets the criteria above will need to be screened and **cleared** through UAB's International Visiting Scholar Admissions Process. **Please note, US citizens that have received an international degree must still be cleared through UAB's Visiting Scholar Admissions Process.**

Please provide UAB Observer intake form to Employee Health at least two (2) weeks prior to observer visit. Observer may email completed form, TB Screening Questionnaire and vaccination records to employeehealth@uabmc.edu for review. Incomplete records could result in delay of clearance.

Requirements for those observing less than five (5) days:

- UAB Observer intake form
- TB Screening Questionnaire
- Proof of current flu vaccination (a UAB Medicine requirement between10/1 and 3/31)
- If observing in the RNICU, CCN, MBU – proof of current Tdap within last 10 years

Requirements for those observing more than five (5) days:

- UAB Observer intake form
- TB Screening Questionnaire (Additional, TB testing may be required; based on screening form. Individual observers/liaisons will be notified by Employee Health)
- Proof of 3 Hepatitis B vaccinations or titer results (with range)
- Proof of 2 MMR (Mumps, Measles and Rubella) vaccinations or titer results (with range)
- Proof of 2 Varicella vaccinations or titer results (with range) or proof of history of chicken pox with date
- Proof of current flu vaccination (a UAB Medicine requirement between10/1 and 3/31)
- Proof of current Tdap (within the past 10 years)

TB Clearance

If the observer has had a past-positive TB Skin Test, please ask them to visit their personal physician or visit an outside clinic for a TB lab test (T-spot or TB QuantiFERON). Chest x-rays will not be accepted without results of a TB lab test.

Employee Health can provide TB Skin Tests in our clinic, for a charge of $10 (cash or check). TB Skin Tests are placed Monday, Tuesday, Wednesday and Friday between the hours of 6:30am and 5:00pm. The observer will need to come back to Employee Health 48-72 hours after placement for reading. Records can be emailed to employeehealth@uabmc.edu.

Observers under 18 years of age

Please be aware, Minors under the age of 18 years are **NOT** allowed in Perioperative Services (OR, PACU, or Pre-Op) or areas using radiation (this includes lab areas). Areas using radiation include Boshell Diabetes, Wallace Tumor Institute, TKC/Highlands/UAB Hospital Nuclear Medicine. For clarification on these areas, please contact Employee Health at 205-934-3675.

Also, if your department will be hosting a Minor, you must register with Youth Protection Services. Registration can be found at www.uab.edu/youthprotection/.

If you have questions are the above process or requirements, please contact Employee Health at 205-934-3675 or by emailing employeehealth@uabmc.edu.

UAB The University of Alabama at Birmingham

Employee Health

UAB Observer Intake Form

For visitors that will ONLY be observing.

This form cannot be used for international visitors, volunteering, assisting or working.
Length of stay should not exceed 60 consecutive days unless approved (Observer Policy #810r2).

To be completed by candidate and submitted with TB Screening Questionnaire

Please complete **ALL** of the following information. **Incomplete paperwork will delay processing and approval**.				**DATE:**	
Check all that apply: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.				☐ Male ☐ Female	
Last Name		First Name		MI	
Date of Birth	MM/DD/YYYY	Email Address		Contact Number	
Department		Arrival Date		Full SSN	
Department Contact		Dept Contact Email and Phone			
Length of Stay		**Requested Schedule**			

Observation Areas (please list all that apply):

Patient Care/Clinical Area (Bldg and Room):_____

Lab Location (Bldg and Room):_____

Animal Facilities (Bldg and Room):_____

If observation period is longer than sixty (60) consecutive days, pre-approval must be given by the Department Chair or the Department Chair Designee.

Department Chair/Department Chair Designee _____ Date _____

I, the undersigned observer, acknowledge, understand and agree to abide by all UAB safety procedures and protocols. I understand that many hospital and campus environments present an inherent risk of personal injury and agree to assume such risks while present within UAB facilities. Additionally, I give permission to UAB, its physicians, faculty and staff members, agents and services to provide me with such emergency care and treatment as in their judgement may be deemed necessary or may be advisable in the event that I should require emergency care while participating in the visit at UAB. I agree to assume the costs of such emergency care and treatment if any such costs are incurred.

Observer Signature _____ Date _____

UAB Hosts must notify UAB Employee Health/Occupational Health at least two weeks prior to arrival at UAB.
Please submit this form and the TB Screening Questionnaire to Employee Health/Occupational Health
for review at employeehealth@uabmc.edu

I, the undersigned host, acknowledge and agree to the above.

Printed Host Name _____ Date _____

Host Signature _____

UAB Department _____ Phone _____

Other UAB Department Contact _____ Phone _____

UAB The University of Alabama at Birmingham
Employee Health

Observation Information

Department: _____

Arrival Date at UAB: _____ Length of Stay: _____

Length of stay should not exceed 60 consecutive days without proper approval (Observer Policy I#810r2).

TB Screening Questionnaire

Name: _____ Date: _____

Date of Birth: _____ Full SSN: _____ Contact Number: _____

Instructions: Please answer the following questions truthfully. Please check the appropriate answers:

	YES	NO
1) Have you experienced any of the following symptoms **within the past year**?		
a. Persistent productive cough (3 weeks or longer)?	☐	☐
b. Coughing up blood?	☐	☐
c. Chest pain?	☐	☐
d. Shortness of breath/difficulty breathing?	☐	☐
e. Unexplained fever lasting more than 3 days?	☐	☐
f. Unexplained night sweats?	☐	☐
g. Unexplained, sudden weight loss?	☐	☐
h. Unexplained fatigue/run down feeling?	☐	☐
i. Unexplained swollen lymph nodes or masses in your armpit or neck area?	☐	☐
2) Have you ever…		
a. Lived or been in close contact with someone who had tuberculosis disease?	☐	☐
b. Had a positive tuberculosis skin test?	☐	☐
c. Been diagnosed with or treated for tuberculosis?	☐	☐
d. Taken the BCG vaccine?	☐	☐
e. Considering the list below:		
i. **Africa**		
ii. **Asia**: China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan and Bangladesh		
iii. **Eastern Europe**: Russia and former Soviet Union States, Armenia		
iv. **Latin America**: Mexico, Guatemala, South America		
v. **Caribbean Islands**: Jamaica, Dominican Republic, Haiti, Cuba, Trinidad and Tobago		
vi. **Pacific Islands**: including the Philippines, excluding Hawaii		
a) Resided in a country with high incidence of tuberculosis for one month or longer?	☐	☐
b) Been a resident and/or employee of a high risk congregate setting (example: correctional facilities, long-term care facilities, homeless shelters)?	☐	☐
c) Been a volunteer or health care worker who served clients who are at increased risk for tuberculosis?	☐	☐
3) Will you be visiting a patient care area while at UAB (Hospital, Clinic, School of Medicine, School of Dentistry, School of Nursing, School of Optometry, etc.) ***AND*** be visiting UAB for more than 30 days?	☐	☐

I certify that the information contained on this TB Screening Form is true and correct. I hereby understand that if any of the above responses are "Yes", I will be re-evaluated by UAB Employee Health to rule out the presence of active tuberculosis. Furthermore, I may be required to have further TB testing to obtain clearance from UAB Employee Health.

Signature: _____ Date: _____

If electronically submitted, the form must be sent from the employee's UAB email account to satisfy the signature requirement.