



## Appendix B

### *EHS Conditions of Employment*

<b>Required Vaccine</b>	<b>Demonstration of Immunity</b>	<b>Notes</b>	<b>Required Training</b>	<b>To be Completed By</b>
Hepatitis B (if exposed to blood/body fluids)	Laboratory evidence of immunity or Prior receipt of three doses of vaccine with appropriate scheduled or Signed OSHA declination	Hep B is a series of 3 vaccines given in a three month period.	OSHA 1910.1030 Bloodborne Pathogens New: <a href="#">On-line Clinic Orientation</a> Annual: <a href="#">On-line Bloodborne Pathogens</a>	Start series in first 10 days of employment and complete within 3 months. Training: Initial: within first 10 days Annual: on anniversary date thereafter.
Measles	Physician diagnosed disease or Laboratory evidence of immunity or Prior receipt of vaccine (2 doses of live vaccine on or after first birthday)	Now required to have: 2 Measles, 2 Mumps, and 1 Rubella or Positive Titers for all or 2 MMR Vaccines		First 10 days of employment

Employee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Rep Initials: \_\_\_\_\_ Date: \_\_\_\_\_