



Dear New Employee,

Welcome to the MGH Team!

We realize that the next few weeks will be filled with a lot of activity and information. One of the most important events during these upcoming weeks will be your pre-placement screening with Occupational Health. **This screening is mandatory.**

You can expect to be contacted by Occupational Health Services to schedule an appointment for this pre-placement screening. Please arrive to your appointment at least 15 to 20 minutes prior to complete your paperwork. **If you anticipate that you will be more than 15 minutes late for your appointment please call us directly at: (617) 726-2217 to reschedule accordingly.**

In an effort to ensure that your visit with us goes as smoothly as possible, we would like to take this opportunity to prepare you for this visit:

1. Please use the checklist on the next page to organize the required documentation for your visit.
2. Considering the environment in which you will be working, a significant portion of your visit will be spent reviewing your immunization and tuberculosis (TB) history. On the next page, there is a list of required tests and immunizations you will need to bring to your Occupational Health appointment.

If you do not provide proof of the above requirements, Occupational Health will provide the needed services.

We look forward to meeting you, and once again, welcome!

Sincerely,

PHS Occupational Health Service – MGH Campus
165 Charles River Plaza, Suite 404
Boston, MA. 02114
Tel: (617) 726-2217
Email: OccHealth@partners.org



PLEASE DO NOT FILL OUT THIS FORM**Occupational Health Services Information Checklist**

Please bring proof of the following vaccinations and testing in preparation for your Occupational Health Services visit.

 MMR (MEASLES, MUMPS & RUBELLA)

Everyone must provide written documentation of proof of immunity to Measles, Mumps and Rubella.

Dates of MMR vaccination:

_____ Date #1 _____ Date #2 _____

OR

Rubella Titer:

_____ Date _____ Results _____

Rubeola (Measles) Titer:

_____ Date _____ Results _____

Mumps Titer:

_____ Date _____ Results _____

 TETANUS (TD), DIPHTHERIA (TDAP)

Dates of last TD vaccination:

_____ Date #1 _____ Date #2 _____ Date #3 _____

OR

Dates of last Tdap vaccination:

_____ Date #1 _____ Date #2 _____ Date #3 _____

 HEPATITIS B

Dates of Hepatitis B vaccination (if provided):

_____ Date #1 _____ Date #2 _____ Date #3 _____

Additional doses and dates (if any): _____

OR

Hepatitis B Antibody Titer:

_____ Date _____ Results _____

 VARICELLA (CHICKEN POX)

Date of Varicella vaccine (if any):

_____ Date _____ Results _____

OR

Varicella Titer:

_____ Date _____ Date #2 _____

 TUBERCULOSIS (TB) STATUS

*Employees must provide proof of having two TB skin tests within one year, the most recent of which within three months of working.

TB skin test (Mantoux) #1:

_____ Date _____ Results _____

TB skin test (Mantoux) #2:

_____ Date _____ Results _____

IF THERE IS A HISTORY OF A POSITIVE PPD SKIN TEST, PLEASE PROVIDE A CHEST X-RAY REPORT WITHIN THE PAST YEAR.