# Los Angeles County - Department of Health Services PRE-PLACEMENT HEALTH CLEARANCE REQUIREMENTS Employee Health Services

Prior to working at a health care facility you will need to meet the below health screening requirements. History of disease is not accepted as proof of immunity.



# **Tuberculosis (TB) Screening Requirements**

You can fulfill the TB requirements by completing one of the options below:

- □ Document of two negative tuberculosis skin tests (TST) in millimeters < 12 months of start date
- Document of one negative Interferon-Gamma Release Assays (IGRAs) < 12 months of start date
- Document of one positive TST in millimeters (anytime period) and a negative chest x-ray at or after the TST
- Document of one positive IGRAs (anytime period) and a negative chest x-ray at or after the IGRA
- Document of adequate treatment for latent/active TB infection/disease and a negative chest xray at or after the treatment

## Evidence of Immunity to measles (rubeola)

You can fulfill the measles requirements by completing one of the options below:

- Document of two vaccinations of MMR at least 28 days apart
- Document of serological immunity (laboratory report)

## **Evidence of Immunity to mumps**

You can fulfill the mumps requirements by completing one of the options below:

- Document of two vaccinations of MMR at least 28 days apart
- Document of serological immunity (laboratory report)

## Evidence of Immunity to rubella (German measles)

You can fulfill the rubella requirements by completing one of the options below:

- Document of one vaccinations of MMR
- Document of serological immunity (laboratory report)

## Evidence of immunity to varicella (chicken pox)

You can fulfill the varicella requirements by completing one of the options below:

- Document of two vaccinations of varicella at least 28 days apart
- Document of serological immunity (laboratory report)

## Tdap/Td: pertussis (whooping cough)

You can fulfill the Tdap/Td requirements by completing one of the options below:

- Document of Tdap/Td vaccination less than 10 year of start date
- □ Signed declination

## Evidence of immunity to hepatitis B

Only applicable for staff that have reasonable exposure risk to blood and body fluids. You can fulfill the hepatitis B requirements by completing one of the options below:

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- Document of hepatitis B series **and** positive titer to hepatitis B service antibody
- □ Signed declination
- □ Non-applicable (job duty does not involve potential exposure risk)

### Influenza (flu vaccine)

You can fulfill the influenza requirements by completing one of the options below:

- Document of flu shot for current influenza season
- □ Signed declination (mandated to wear mask in patient care areas)

### **Respiratory Fit Testing**

Only applicable for staff whose job duty involves airborne precautions

You can fulfill the respiratory fit testing requirements by completing one of the options below:

- Document of a completed fit test on a Kimberly-Clark N95 respirator < 12 months of start date
- □ Non-applicable (job duty does not involved airborne precaution patients/rooms)

#### **Color Vison**

Only applicable for staff whose job duty involves Point of Care testing, pathology or electrical. You can fulfill the color vision requirements by completing one of the options below:

- □ Pass on color screening
- □ Non-applicable (job duty does not involved Point of Care testing, pathology or electrical)

#### Still have questions regarding health clearance requirements? Contact your local Employee Health Services.



#### LAC+USC Medical Center

Office (323)409-5236 FAX (323)226-4253/6769 Email: <u>lacusc-ehs@dhs.lacounty.gov</u>

#### Harbor-UCLA Medical Center

Office (310)222-2360 FAX (310)222-2360 Email: <u>humc-ehs@dhs.lacounty.gov</u>

#### **Olive View-UCLA Medical Center**

Office (818)364-3403 FAX (818)364-4725 Email: <u>DEHS@dhs.lacounty.gov</u>

Rancho Los Amigos National Rehabilitation Center Office (562)401-6016 FAX (562)401-7833 Email: rancho-ehs@dhs.lacounty.gov

Martin Luther King, Jr. Outpatient Center Office (424)338-2200 FAX (310)223-1044 Email: mlk-ehs@dhs.lacounty.gov

High Desert Regional Health Center Office (661)471-4342 FAX (661)524-2974 Email: <u>hdesert-ehs@dhs.lacounty.gov</u>

#### **Correctional Health Services**

Office (213) 974-9966 FAX (323) 415-7729 Email: <u>ARGonzal@lasd.org</u> <u>AQSanche@lasd.org</u>