Employee Health Services
Pre-employment Health Screening Instructions
Phone: 786-466-8381 Fax: 305-355-1503 Email: e-Clearance@jhsmiami.org

Please read the “Pre-employment Health Screening Instructions” carefully. All forms must be completed, signed, and scanned to e-Clearance@jhsmiami.org at least within 15 days prior to the first day of employment. Failure to follow the instructions as outlined in the documents may result in having to resubmit document(s) and consequently delay your start date.

To ensure compliance and to expedite completion of physical and drug testing requirements, please do the following:

**REQUIREMENT:** Complete EHS Health Forms (A thru D) with required signatures in the e-Clearance Packet

a) Registration and Consent Form (your signature is required)

b) EHS Pre-Employment Health Screen (Primary Care Physician or Health Care Facility signature required)
   **Note:** Proof of immunizations or titers will be required if you are not able to have a health care provider fill out the form or if an immunization is missing from the required forms.

c) EHS Medical History Statement Form (your signature required)

d) Drug Usage Analysis Form (your signature is required)

### Health Screen Requirements

*The following are required by regulatory agencies for Health Care Workers:*

1. EHS History Medical Statement including prior injuries, exposures, drug abuse history and any current work restrictions.
2. Proof of two (2) Measles, Mumps and Rubella vaccine (MMR) OR 1 MMR titer.
3. Proof of 2 Varivax vaccine (chickenpox) or proof of Positive Varicella titer
4. Proof of all three (3) Hepatitis B Vaccine OR sign a declination form declining the vaccine.
5. Tetanus, Diphtheria and Pertussis (Tdap) Proof dated within last 10 years or sign a declination form declining the vaccine
6. TB skin test: Verbal History of Positive TB skin test is not accepted
   a) Proof of 1 TB Skin Test within 12 months and the 2nd within the last 3 months.
   b) If you have not received a TB skin test in the last 12 months, you will need two skin tests one week apart. Persons with BCG will have a two-step TST.
   c) Be prepared to return in 48 hours to have the TB skin test read.
   d) Proof of Quantiferon instead of PPD within the last 12 months is acceptable
7. Proof of Chest x-ray taken within the past 6 months if you have a history of a positive TB skin test.
8. Respirator Fit Test for all new hires.
9. Vision Screen: first visit at EHS or proof within the past 6 months.
10. Flu Vaccine administered within the last six months

### Drug Test Preparation Instructions

- Bring Photo ID
- Bring medication bottles or prescription description from a pharmacy for any controlled substances taken in the two weeks prior to the drug test date, such as sleeping pills, narcotic pain pills, or pills for anxiety or depression. Please follow link [https://www.dea.gov/druginfo/factsheets.shtml](https://www.dea.gov/druginfo/factsheets.shtml) to view illegal drug substances

### Failed Drug Test Includes ANY of the Following Without Exception:

- **Positive test** for an illegal substance
- **Positive test** for a controlled substance without a valid prescription
- **No Show** for a Drug Test Appointment

A certified Medical Review Officer reviews all drug tests.

### Respirator Fit Testing Preparation

*Proof within the past 12 months or first visit to EHS.*
- No eating or drinking 15 minutes prior to testing including chewing gum.

![Respirator Fit Testing Preparation]

If there is facial hair anywhere along the red area, it will prevent the respirator from sealing against the skin, and it will not provide protection against infectious agents. OSHA - 1910.134(g)(1)