



RESIDENCY TRAINING PROGRAMS

Resident Immunization and Health Screening Policy

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April 6, 2017		
Latest Revision		
April 6, 2017		

1 Preamble

- 1.1 Each resident should have a file which is kept at the Office of the Vice Dean for Higher Studies & Scientific Research.

2 Scope

- 2.1 This policy applies to all Residents in all Residency Training Programs.

3 Policy

- 3.1 All residents have to comply with the health screening and immunization policies of the university, including the screening for TB. Before commencing an assignment, it is the responsibility of the resident to provide evidence that he/she has received the correct immunizations and is free from TB.

4 Requirements

- 4.1 Completed Immunization Health History Form
4.2 Provide documentation of appropriate immunizations as follows:
- 4.2.1 Measles
 - 4.2.2 Mumps
 - 4.2.3 Rubella
 - 4.2.4 Varicella
 - 4.2.5 Hepatitis B
 - 4.2.6 Tetanus/Diphtheria/Pertussis
 - 4.2.7 Tuberculosis Screening

5 Annual Requirements

- 5.1 Annual Tuberculosis Screening
5.2 Annual Influenza Vaccination

6 Compliance

- 5.1 The start date of a rotation may be delayed if the resident does not fulfill the immunization and screening requirements. It is the responsibility of the resident to maintain up-to-date immunizations and screening requirements throughout the training period. The resident will be removed from the clinical environment if at any time it is determined that these requirements have not been met.



Date of Approval - April 6, 2017
Imam Abdulrahman Bin Faisal University



Immunization Health History
Resident's Form

Name	
Date of Birth	
Home Telephone	
Work Telephone	
Mobile	
Name of the Program	
e-Mail	

Please answer all the questions below by placing a tick in the box (Yes/No) and providing comments as necessary.

	Question	Yes	No
1	Are you or is anyone in your household immune suppressed? (i.e. HIV, AIDS, organ transplant etc.)		
2	Have you had Immune Globulin (Gamma Globulin) or received blood or blood products in the past seven months?		
3	Have you ever had Guillian-Barre Syndrome, a condition which causes paralysis?		
4	Are you pregnant or planning a pregnancy in the next month?		
5	Have you had a fever, diarrhea or vomiting today?		
6	Are you receiving treatment for any chronic illness?		
7	Are you allergic to eggs, baker's yeast, gelatin, streptomycin, neomycin, formaldehyde, merthiolate/thimerosal or any other substance? If so, please write those that you are allergic to.		
	Comment:		
8	Have you ever had a severe reaction to any vaccine? If yes, please describe in the box below.		
	Comment:		