**Checklist for necessary laboratory examinations**

The following are prerequisites for practicing in Chang Gung Memorial Hospital (CGMH), please ensure that all requirements are met.

1. Proof of Positive Measles and Rubella Antibodies (tested within the last 3 months) ***or***

Measles and Rubella Vaccination Certification (administered within the last 15 years)

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| --- | --- | --- |
| Measles IgG Ab | □Vaccination Certificate (administered within the last 15 years) | Vaccination date:  YYYY/MM/DD |
| □Positive | Test date:  YYYY / MM / DD |
| □Negative / Equivocal 🡪 *a subsequent booster dose would be necessary* | Booster dose date:  YYYY / MM / DD |
| □Contraindicated for Vaccination |  |
| Rubella IgG Ab | □Vaccination Certificate (administered within the last 15 years) | Vaccination date: YYYY/MM/DD |
| □Positive | Test date:  YYYY / MM / DD |
| □Negative / Equivocal 🡪 *a subsequent booster dose would be necessary* | Booster dose date:  YYYY / MM / DD |
| □Contraindicated for Vaccination |  |

1. HbsAg and Anti-Hbs Ab (tested within the last 6 months) ***or***

Hepatitis B Vaccination Certification (administered within the last 20 years)

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| HbsAg | □Negative | Test date:  YYYY / MM / DD |
| □Positive |
| Anti-HBs Ab | □Vaccination Certificate (administered within the last 20 years) | Vaccination date: YYYY/MM/DD |
| □Positive | Test date:  YYYY / MM / DD |
| □Negative 🡪 if HbsAg is also negative, *a subsequent booster dose would be necessary* | Booster dose date:  YYYY / MM / DD |
| □Contraindicated for Vaccination |  |

1. Hepatitis C test (tested within the last 6 months)

* Negative □ Positive

1. Syphilis RPR/VDRL test (tested within the last 3 months)

* Negative □ Positive with treatment

1. Chest X-ray for Tuberculosis (taken within the last 3 months)

□Negative for Tuberculosis

□Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_