



PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
HOSPITAL INFECTION CONTROL UNIT
Taft Avenue, Manila
"PHIC - Accredited Health Care Provider"
ISO 9001:2008 Certified

CHECKLIST FOR HICU CLEARANCE OF PGH FELLOWS, RESIDENTS, STUDENTS AND OTHER EMPLOYEES WITH CLINICAL ASSIGNMENTS

Name: _____ Age: _____ Sex: _____
Position applied for: _____ Area of assignment: _____

The following communicable diseases should be evaluated and/or successfully treated and under control for full HICU clearance:
(Please check applicable status)

1. Pulmonary Tuberculosis

- _____ a. normal Chest X-ray findings
- _____ b. abnormal Chest X-ray with negative sputum AFB smear 3X
- _____ c. if previous history of TB - show proof of completion of treatment for TB AND negative sputum smears and TB culture
(Note: TB culture require time so please plan ahead)

2. Hepatitis B Virus

- _____ a. negative HBsAg, negative HBeAg
- _____ b. positive HBsAg, negative HBeAg and an HBV viral load <2,000 IU/ml;
- _____ c. if with previous Hep B infection and undergoing treatment, HBV viral load must be <2,000 IU/ml

3. Anti-Hepatitis B surface result:

- _____ a. anti-HBs titer = >100 IU/L Titer: _____ Date: _____
- _____ b. anti-HBs titer = <100 IU/L, recommend Hep B booster dose: Date given: _____
- _____ c. anti-HBs titer = <10 IU/L or non-reactive, recommend 3 vaccinations at 0, 1, 6 month with signed affidavit of intention to complete Hepatitis B series at month 6:
 - 1st dose - Date given: _____
 - 2nd dose - Date due: _____
 - 3rd dose - Date due: _____

4. Sexually Transmitted Infections

- _____ a. negative RPR
- _____ b. if positive RPR, negative TPHA
- _____ c. if positive RPR, positive TPHA, proof of treatment: Date given: _____

5. Varicella

- _____ a. Varicella IgG positive: Titer: _____ Date: _____
- _____ b. Varicella IgG negative, recommend vaccination: 1st dose Date given: _____
2nd dose Date given: _____

6. Measles, Mumps, Rubella

- _____ a. measles, mumps, rubella IgG positive: Date: _____
- _____ b. MMR adult booster dose: 1st dose Date given: _____
2nd dose Date given: _____
- _____ c. proof of previous MMR vaccine: Date given: _____

7. Tetanus, Diphtheria and Pertussis

- _____ a. Tdap adult booster dose: Date given: _____

8. HIV Screening

- _____ a. OPT-OUT (applicant may opt out, please submit a letter indicating you are opting out of getting an HIV test. Letter should be addressed to UP-PGH Hospital Infection Control Unit.
- _____ b. OPT-IN (Free HIV antibody test available at HICU)

9. Attendance to HICU lectures on the following topics:

- a. Hand Hygiene (HH)
- b. Personal Protective Equipment (PPE)
- c. Needlestick Injury (NSI) prevention
- d. HIV prevention (this serves as group HIV pre-test counseling)

Given by:

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