

## Contract Worker Attestation Form

### Health Screening Attestation

Various requirements from the Centers for Disease Control (CDC), the Joint Commission (TJC) and the Occupational Safety and Health Administration (OSHA) require healthcare facilities to ensure individuals working in a healthcare facility are screened for exposure and/or immunity to certain infectious diseases.

**Vendor must verify immunizations below are current by selecting Yes or No.**

TB Screening (2 Step or Quantiferon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles, Mumps and Rubella (MMR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Varicela (Chicken Pox)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tetanus, Diphtheria & Pertussis (T-dap)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tetanus and Diphtheria (Td)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Influenza (Flu Season: Sept-March)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fit Test (if applicable**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B Series (if applicable**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Influenza vaccine must be current during October through March.

\*\*Applicable for patient care areas only.

### Drug Screening Attestation

CHRISTUS Santa Rosa requires Vendor to conduct a Drug Screening prior to Contract Worker’s first day at our facility. Drug screen should be conducted up to 30 days prior to their start date with CHRISTUS Santa Rosa.

Please complete information below:

Drug Screen (10 Panel)	Verification Date:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
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### Initial Background Screening Attestation

All Contract Workers must be screened prior to their first day working at CHRISTUS Santa Rosa and annually after that. Background Screening should be conducted up to 30 days prior to their start date with CHRISTUS Santa Rosa.

Note: Screening will be provided to CHRISTUS Santa Rosa on request.

Please complete information below:

Criminal Background	Verification Date:	<input type="checkbox"/> Favorable	<input type="checkbox"/> Unfavorable
Social Security Death Master Search	Verification Date:	<input type="checkbox"/> Favorable	<input type="checkbox"/> Unfavorable
Gov’t Registries Search	Verification Date:	<input type="checkbox"/> Favorable	<input type="checkbox"/> Unfavorable
Sex Offender Registry Search	Verification Date:	<input type="checkbox"/> Favorable	<input type="checkbox"/> Unfavorable

### Vendor Attestation

I attest the required criteria for placement at CHRISTUS Santa Rosa Health System has been completed.

Vendor/Company’s Name	
Vendor Representative’s Name (Print):	
Vendor Representative’s Signature:	
Date:	