

Requirements	ACCESS LEVEL			Letter of Declination accepted?
	Onsite Non-Patient Care	Patient Care Areas	OR/Surgery, Emergency, Cath Lab Dents	
COVID 19 Vaccine	✓	✓	✓	No
Seasonal Flu Vaccine	✓	✓	✓	Yes
Tuberculosis (TB) Test (Annual)	✓	✓	✓	No
Hep B	✓	✓	✓	No
Badge Photo	✓	✓	✓	-
Bloodborne Pathogens Training	✓	✓	✓	-
Criminal Background Check Attestation	✓	✓	✓	-
Insurance - Certificate Holder Identified	✓	✓	✓	-
HIPAA Training	✓	✓	✓	-
Fire Safety Training	✓	✓	✓	-
Electrical Safety Training	✓	✓	✓	-
Radiation Safety Training	✓	✓	✓	-
Varicella (Chickenpox)	-	✓	✓	No
MMR	-	✓	✓	No
Product/Service Competency	-	✓	✓	-
OR Protocol Training	-	-	✓	-
If applicable, National Certification or Licensure	-	-	✓	-