

## HEALTH SCREENING REQUIREMENTS FOR VENDORS, CONTRACTORS AND SUPPLIERS

Supplier will comply with the health screening requirements set forth below, as applicable.

### A. Definitions:

“Customer” means a Kaiser Permanente entity purchasing goods or services from Supplier.

“Healthcare Worker” means a contractor or employee of Supplier if one or more of the following criteria are met:

1. The individual has duties that require a regular physical presence (50% or more of work time) in a medical center or medical office building (e.g., a facility in which in-person patient care is provided); or
2. The individual has direct physical contact with patients and/or patient specimens.

“Non-Healthcare Worker” means a contractor or employee of Supplier who is working in a KP facility (whether owned or leased), in areas or under conditions that place him or her at a lower risk for the transmission of infectious diseases. Examples include: (i) a vendor who provides services in KP administrative offices; and (ii) a construction worker in a vacant suite inside a KP health care facility.

“Kaiser Permanente” or “KP” means the integrated health care delivery organization doing business as Kaiser Permanente, which includes Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, Inc., Kaiser Permanente Insurance Company, The Permanente Federation, the Permanente Medical Groups, and the subsidiaries, partners, and successors of the foregoing.

“Supplier” means a vendor, contractor or supplier who is providing goods or services to a Customer.

B. Requirements. Supplier must ensure that its employees and contractors who meet the definition of a Healthcare Worker have met the requirements set forth in the Health Screening Checklist attached as Exhibit A. Upon request, Supplier will provide KP with documentation of compliance with these requirements.

C. Modifications. The health screening requirements set forth herein are subject to change by Customer from time to time to reflect changes in Customer’s health screening requirements for its employees. These requirements shall not be construed to require any violation of federal or state law or collective bargaining agreements.

Attachment: Health Screening Checklists

**EXHIBIT A – HEALTH SCREENING CHECKLIST**
**ALL KP REGIONS (EXCEPT HAWAII) HEALTH SCREENING REQUIREMENTS**

Alternate 1	Alternate 2	Done
<b>TB SCREENING</b>		
<ul style="list-style-type: none"> <li>• 2 negative TB skin tests. (a) If no history of TB skin testing within 2 years, then 2 TB skin tests are needed as:               <ul style="list-style-type: none"> <li>i. A negative 2 step TB test before start of KP assignment; OR</li> <li>ii. A negative TB blood test before start of KP assignment.</li> </ul> </li> <li>(b) If a history of prior TB Skin Testing, then 2 TB skin tests are needed within 2 years (24 months) of the start date of the KP assignment, as:               <ul style="list-style-type: none"> <li>i. A negative TB skin test within 1 year; and</li> <li>ii. A second negative TB skin test within 2 years.</li> </ul> </li> <li>• TB testing is needed every 12 months to maintain clearance.</li> <li>• Documentation of history and exam negative for TB symptoms or findings within last 30 days</li> <li>• If documentation of a positive skin test or latent TB infection treatment (LTBI) in the past, then need a negative chest x-ray within the past 12 months of starting KP assignment. If engaged on additional or continuing assignment, no update to chest x-ray needed after initial presentation of negative chest x-ray.</li> <li>• Documentation that confirms positive PPD history is also required (copy of positive PPD document or statement from medical doctor – chest x-ray statement alone not acceptable)</li> </ul>	<p>Negative TB blood test within 12 months of starting KP assignment.</p>	<ul style="list-style-type: none"> <li>• Documentation of 2 negative skin tests</li> <li>OR</li> <li>• Documentation of negative blood test</li> <li>OR</li> <li>• If positive tests, then negative chest x-ray plus documentation of negative history and physical. Need official chest x-ray report.</li> <li>• Documentation that confirms positive PPD history (copy of positive PPD document or statement from medical doctor – chest x-ray statement alone not acceptable).</li> </ul>
<b>HEPATITIS B</b>		
<p>Document Vaccinations (X3) 1st, 2nd, 3rd vaccination 1st and 2nd, &gt; 1 month apart 2nd and 3rd, &gt; 5 months apart PLUS Hepatitis B surface antibody blood test positive titer</p> <p>Note: Everyone must do Hepatitis B surface antibody blood test if no historical proof of Hep B surface antibody.</p>	<p>Declination letter for vaccinations PLUS Hepatitis B Surface Antibody blood test titer</p>	<p>Option 1</p> <ul style="list-style-type: none"> <li>• Proof of 3 vaccinations</li> <li>• Positive Hep B Surface Antibody test and declination letter for vaccinations</li> </ul> <p>Option 2</p> <ul style="list-style-type: none"> <li>• Positive Hep B Surface Antibody test and declination letter for vaccinations</li> </ul> <p>Option 3</p> <ul style="list-style-type: none"> <li>• Negative Hep B Surface</li> </ul>

Alternate 1	Alternate 2	Done
If positive for Hepatitis B, then will need to complete a declination and can continue to onboard.		Antibody test and declination letter for vaccinations
<b>MEASLES (RUBEOLA)</b>		
Vaccinations, “MMR”, (X2) one month or more apart Note: must start vaccination series before cleared to work. Declination not allowed for MMR.	Positive blood titer showing immunity.  Declination not allowed	<ul style="list-style-type: none"> <li>• Proof of 2 vaccinations</li> </ul> OR <ul style="list-style-type: none"> <li>• Positive blood titer</li> </ul>
<b>MUMPS</b>		
Vaccinations, “MMR”, (X2) one month or more apart Note: must start vaccination series before cleared to work. Declination not allowed for MMR.	Positive blood titer showing immunity.  Declination not allowed	<ul style="list-style-type: none"> <li>• Proof of 2 vaccinations</li> </ul> OR <ul style="list-style-type: none"> <li>• Positive blood titer</li> </ul>
<b>RUBELLA</b>		
Vaccination, “MMR”, (X1) Note: must start vaccination series before cleared to work. Declination not allowed for MMR.	Positive blood titer showing immunity.  Declination not allowed	<ul style="list-style-type: none"> <li>• Proof of 1 vaccination</li> </ul> OR <ul style="list-style-type: none"> <li>• Positive blood titer</li> </ul>
<b>VARICELLA</b>		
Vaccinations (X2) one month or more apart Note: must start vaccination series before cleared to work. Declination not allowed for Varicella. Diagnosis or verification of a history of varicella or herpes zoster (shingles) by a health care provider must be clinical notes or specific diagnosis, not history provided to the doctor by patient.	Positive blood titer showing immunity.  Declination not allowed	<ul style="list-style-type: none"> <li>• Proof of 2 vaccinations</li> </ul> OR <ul style="list-style-type: none"> <li>• Positive blood titer</li> </ul>
<b>PERTUSSIS (Whooping Cough)</b>		
Vaccination, “Tdap”, (X1)	Declination to Tdap vaccination	<ul style="list-style-type: none"> <li>• Documentation of Tdap vaccination after age 10</li> </ul> OR <ul style="list-style-type: none"> <li>• Declination documented</li> </ul>
<b>HEPATITIS A (if applicable to job)</b>		
If the individual’s main duties involve preparing or serving food or facility/stationary engineers that work with (or can be exposed to) brown water.  Vaccinations (X2) 6 months apart OR Blood test results demonstrating immunity to hepatitis A	Declination to Hepatitis A vaccination	<ul style="list-style-type: none"> <li>• Documentation of vaccinations</li> </ul> OR <ul style="list-style-type: none"> <li>• Received first vaccination for Hepatitis A and maintain clearance by returning within 6 months for second vaccination</li> </ul> OR <ul style="list-style-type: none"> <li>• Blood test demonstrating</li> </ul>

Alternate 1	Alternate 2	Done
<p>Note: Vaccination will be recommended for any individual who lacks immunity.</p>		<p>immunity to Hepatitis A OR Declination</p>
<b>INFLUENZA VACCINE</b>		
<p>Proof of flu vaccination between August 1 and March 31, if available. Complete attestation between August 1 and March 31 for current season Note: Attestation must be updated at start of the new flu season, a form dated for the previous flu season is not acceptable. Patient facing healthcare workers who decline the flu vaccination may be required to wear a mask.</p>	<p>Complete attestation indicating declination to flu vaccination (before March 31st for current season).</p>	<p>Option 1 • Receive vaccine • Complete attestation OR Option 2 • Complete attestation indicating declination to flu vaccination</p>
<b>COVID-19 VACCINE</b>		
<p>Proof of full COVID-19 vaccination, as defined by the Centers for Disease Control and Prevention (CDC).</p>	<p>Complete attestation indicating declination of COVID-19 vaccination under a qualifying exemption.  Patient facing healthcare workers who decline the COVID-19 vaccination may be required to wear a mask.</p>	<p>Option 1 • Receive COVID-19 vaccine • Complete attestation OR Option 2 • Complete attestation indicating declination to COVID-19 vaccination under a qualifying exemption.</p>
<b>HISTORY AND PHYSICAL</b>		
<p>Normal pre-placement job related history and physical required within a year prior to start. Note: If engaged on additional or continuing assignment, no update to physical needed.</p>	<ul style="list-style-type: none"> <li>• Normal history and physical required within year prior to start</li> </ul>	
<b>RESPIRATOR FIT TESTING DOCUMENTATION PLUS FIT TESTING QUESTIONNAIRE (if applicable to job)</b>		
<p>Fit testing documentation within a year prior to start date and updated annually. PLUS Fit testing questionnaire</p>	<ul style="list-style-type: none"> <li>• Documented normal fit test dated within a year prior to start -updated annually.</li> <li>• Fit test questionnaire</li> </ul>	

**NON-MEDICAL FACILITY - HAWAII REGION HEALTH SCREENING REQUIREMENTS**

Alternate 1	Alternate 2	Done
<b>TB SCREENING</b>		
<ul style="list-style-type: none"> <li>Documentation of 1 negative TB skin test.               <ul style="list-style-type: none"> <li>(a) If no history of TB skin testing within 9 months, then 1 TB skin test is needed as:                   <ul style="list-style-type: none"> <li>i. A negative TB Skin Test within 9 months of the start date of the KP assignment</li> </ul> </li> </ul> </li> <li>If documentation of a positive skin test or INH therapy in the past, then need a negative chest x-ray within the past 12 months of starting KP assignment. If engaged on additional or continuing assignment, no update to chest x-ray needed after initial presentation of negative chest x-ray.</li> </ul>	Negative TB blood test within 9 months of starting KP assignment.	<ul style="list-style-type: none"> <li>1 negative skin test</li> <li>OR</li> <li>Negative blood test</li> <li>OR</li> <li>If positive test, then negative chest x-ray. Need official chest x-ray report.</li> </ul>
<b>MEASLES (RUBEOLA)</b>		
Vaccinations, “MMR”, (X2) one month or more apart Note: must start vaccination series before cleared to work.	Positive blood titer showing immunity. Declination allowed with doctor’s statement.	<ul style="list-style-type: none"> <li>Vaccinations</li> <li>OR</li> <li>Positive blood titer</li> <li>OR</li> <li>Declination allowed with doctor’s statement</li> </ul>
<b>MUMPS</b>		
Vaccinations, “MMR”, (X2) one month or more apart Note: must start vaccination series before cleared to work.	Positive blood titer showing immunity. Declination allowed with doctor’s statement.	<ul style="list-style-type: none"> <li>Vaccination</li> <li>OR</li> <li>Positive blood titer</li> <li>OR</li> <li>Declination allowed with doctor’s statement</li> </ul>
<b>RUBELLA</b>		
Vaccination (X1) “MMR”	Positive blood titer showing immunity. Declination allowed with doctor’s statement.	<ul style="list-style-type: none"> <li>Vaccination</li> <li>OR</li> <li>Positive blood titer</li> <li>OR</li> <li>Declination allowed with doctor’s statement</li> </ul>
<b>VARICELLA (Chickenpox)</b>		
Vaccinations (X2) one month or more apart Note: must start vaccination series before cleared to work.	Positive blood titer showing immunity. Declination allowed with doctor’s	<ul style="list-style-type: none"> <li>Vaccinations</li> <li>OR</li> <li>Positive blood titer</li> <li>OR</li> </ul>

Alternate 1	Alternate 2	Done
	statement.	<ul style="list-style-type: none"> <li>• Declination allowed with doctor’s statement</li> </ul>

**MEDICAL FACILITY - HAWAII REGION HEALTH SCREENING REQUIREMENTS**

Alternate 1	Alternate 2	Done
<b>TB SCREENING – Medical Facility</b>		
<ul style="list-style-type: none"> <li>• Documentation of 2 negative TB skin tests.               <ul style="list-style-type: none"> <li>(a) If no history of TB skin testing within 12 months, then 2 step TB test are needed as:                   <ul style="list-style-type: none"> <li>i. A negative 2 step TB test before start of KP assignment (2 separate skin tests, if initial is negative a second test is given 1-3 weeks later); OR</li> <li>(b) If a history of prior negative TB Skin Testing within past 12 months, then 1 TB skin test is needed, as:                       <ul style="list-style-type: none"> <li>i. Documentation of a 1 TB skin test within past 12 months and second skin test within past 3 months.</li> </ul> </li> </ul> </li> <li>• If documentation of a positive skin test or INH therapy in the past, then need a negative chest x-ray within the past 12 months of starting KP assignment.</li> <li>• TB screening is needed every 12 months to maintain clearance.</li> </ul> </li></ul>	Negative TB blood test within 9 months of starting KP assignment.	<ul style="list-style-type: none"> <li>• 2 negative skin tests OR</li> <li>• Negative blood test OR</li> <li>• If positive tests, then negative chest x-ray plus negative history and documentation from physician that one is free from TB. Need official chest x-ray report.</li> </ul>
<b>HEPATITIS B</b>		
Document Vaccinations (X3) 1st, 2nd, 3rd vaccination 1st and 2nd, > 1 month apart 2nd and 3rd, > 5 months apart PLUS Hepatitis B surface antibody blood test positive titer  Note: Recommend Hepatitis B surface antibody blood test if no historical proof of Hep B surface antibody.	Declination letter PLUS Hepatitis B surface antibody blood test titer (result may be + or – for Hep B surface AB, but counseling based on results)	<ul style="list-style-type: none"> <li>• Vaccinations plus</li> <li>• + Hep B surface AB test OR</li> <li>• Declination letter plus Hepatitis B surface antibody blood test titer</li> </ul>
<b>MEASLES (RUBEOLA)</b>		
Vaccinations, “MMR”, (X2) one month or more apart Note: must start vaccination series before cleared to work.	Positive blood titer showing immunity.	<ul style="list-style-type: none"> <li>• Vaccinations OR</li> <li>• Positive blood titer</li> </ul>

Alternate 1	Alternate 2	Done
<b>MUMPS</b>		
Vaccinations, “MMR”, (X2) one month or more apart Note: must start vaccination series before cleared to work.	Positive blood titer showing immunity.	<ul style="list-style-type: none"> <li>• Vaccinations</li> <li>OR</li> <li>• Positive blood titer</li> </ul>
<b>RUBELLA</b>		
Vaccination (X1) “MMR”	Positive blood titer showing immunity.	<ul style="list-style-type: none"> <li>• Vaccination</li> <li>OR</li> <li>• Positive blood titer</li> </ul>
<b>VARICELLA (Chickenpox)</b>		
Vaccinations (X2) one month or more apart Note: must start vaccination series before cleared to work.	Positive blood titer showing immunity.	<ul style="list-style-type: none"> <li>• Vaccinations</li> <li>OR</li> <li>• Positive blood titer</li> </ul>
<b>WHOOPING COUGH (Tdap) (highly recommended but not required)</b>		
Vaccination, “Tdap”, (X1)		<ul style="list-style-type: none"> <li>• Vaccination</li> </ul>
<b>TB RESPIRATOR FIT TESTING (if applicable to job)</b>		
Fit testing documentation within 12 months		Documented normal fit test
<b>INFLUENZA VACCINE (highly recommended but not required)</b>		
Proof of flu vaccination between August 1 and April 30, if available. Sign declinations before April 30th for current season		<ul style="list-style-type: none"> <li>• Receive vaccine</li> <li>OR</li> <li>• Sign declination</li> </ul>
<b>COVID-19 VACCINE</b>		
Proof of full COVID-19 vaccination, as defined by the Centers for Disease Control and Prevention (CDC)	<p>Complete attestation indicating declination of COVID-19 vaccination under a qualifying exemption.</p> <p>Patient facing healthcare workers who decline the COVID-19 vaccination may be required to wear a mask.</p>	<p>Option 1</p> <ul style="list-style-type: none"> <li>• Receive COVID-19 vaccine</li> <li>• Complete attestation</li> </ul> <p>OR</p> <p>Option 2</p> <ul style="list-style-type: none"> <li>• Complete attestation indicating declination to COVID-19 vaccination under a qualifying exemption.</li> </ul>