

|  |  |  |  |
| --- | --- | --- | --- |
|  | UM Baltimore Washington Medical Center |  | UM Rehabilitation and Orthopaedic Institute |
|  | UM Capital Region Medical Center |  | UM Shore Regional Health |
|  | UM Charles Regional Medical Center |  | UM St. Joseph Medical Center |
| X | UMMC Downtown Campus/UMMS Corporate |  | UM Upper Chesapeake Health |
|  | UMMC Midtown Campus |  |  |

**EMPLOYEE HEALTH SERVICES**

Rubeola (Measles), Mumps, Rubella (German Measles) and Varicella (Chickenpox)

**Statement of Understanding**

UMMC requires employee’s to provide evidence of immunity to Rubeola (Measles), Mumps, Rubella (German Measles) and Varicella (Chickenpox).

Measles and Rubella immunity is a requirement of the State of Maryland Health Department. In order to safeguard the health of employees and patients and prevent the spread of disease, UMMC is also requiring immunity to Mumps and Varicella. There have been some occurrences of Mumps outbreaks in the United States. There have been frequent occurrences of patients admitted to the hospital with Varicella (chickenpox) and Shingles.

Acceptable proof of immunity:

Measles – evidence of 2 vaccinations or blood test indicating sufficient antibody levels.

Mumps - evidence of 2 vaccinations or blood test indicating sufficient antibody levels.

Rubella - evidence of 1 vaccination or blood test indicating sufficient antibody levels.

Varicella - evidence of 2 vaccinations or blood test indicating sufficient antibody levels

If you are found to be not immune to any of these diseases prior to starting work, your start date may be delayed if you cannot accept vaccination.

If you have a medical contraindication or sincere religious objection to vaccination, you must communicate this to EHS and follow processes to submit documentation to decline vaccination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Print/ Sign Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHS Witness Print/Sign Date

Revised 2/8/21