

COMMUNICABLE DISEASE SCREENING FORM FOR VENDORS

At vendor orientation, all vendors must complete the following communicable disease screening form. Any vendor with possible contagious illness or symptoms now or in the future will always be asked to reschedule their appointments to a later date.

This form must be kept on file in the Procurement Services Department and must be renewed annually.

At each visit to the UIHC, you will be reminded of the guidelines and will be asked to acknowledge that you are free of possible contagious illness or symptoms.

Date: _____

Vendor's Name: (Please Print) _____

Vendor's Signature: _____

Company's Name: _____

Vendor Phone Number: _____

**Please assist in our infection prevention and control efforts
by being persistent in good hand hygiene and
respiratory etiquette practices.**

1. Do you have any of the following?

Symptom	Yes	No
Sore throat		
Rash/vesicles		
Fever		
Drainage from eyes		
Nausea, vomiting, or diarrhea		
Cough, fever, and night sweats lasting over 3 weeks		

If the answer to any of the above questions is "Yes", postpone appointments to a later date.

University of Iowa Hospitals and Clinics

2. Do you have a cough and runny nose? Yes or No

If “Yes”, do not pursue appointments to patient care areas. You may visit non-patient care areas if you maintain respiratory etiquette and perform hand hygiene. Hand hygiene includes hand washing with plain soap and water, hand rub with an alcohol-based product, or antiseptic hand wash.

3. Have you been diagnosed with:

Diagnosis	Yes	No
Whooping cough (Pertussis) within the last 2 weeks		
Strep throat within the last 48 hours		

If “Yes”, do not pursue appointments during the following time frames:

- **Pertussis** – Until at least 5 days of antibiotic therapy have been completed or until 3 weeks after pertussis is diagnosed.
- **Strep throat** – Until 24 hours after antibiotic therapy started.

4. Have you been exposed to any of the following within the past 4 weeks?

Exposure To	Yes	No
Chickenpox		
Measles		
Mumps		
Rubella (German Measles)		

If you answered “No” to the above, skip to Question 5.

University of Iowa Hospitals and Clinics

If you answered “Yes” to any of the above, have you either had that disease or been immunized for that disease?

History of Disease/Immunization	Yes	No
Chickenpox		
Chickenpox vaccine given > 21 days and without rash (Varivax vaccine)		
Measles, Measles vaccine or MMR vaccine		
Mumps, Mumps vaccine or MMR vaccine		
Rubella (German Measles), Rubella vaccine or MMR vaccine		

If answer to above questions is “Yes”, appointments can be pursued.

If “No”, you must reschedule appointments to be in compliance with the following time frames:

- Chickenpox Day 8 of first exposure through Day 21 after the last exposure
- Chickenpox vaccine Days 1-21 post-immunization (for BMT and NICU patients)
- Measles Days 5 through 21 after the last exposure
- Mumps Days 7 through 21 after the last exposure
- Rubella (German Measles) Days 11 through 26 after the last exposure

5. Have you received FluMist Influenza Vaccine within the past 7 days? Yes or No

If "Yes", you may *not* pursue appointments in Bone Marrow Transplant nor NICU until 7 days after administration of the vaccine.

6. Do you have open or draining wounds that are not completely covered? Yes or No

If "Yes", postpone your visit until the wound is healed or a dressing contains the drainage.