

**PHILIPPINE GENERAL HOSPITAL**  
The National University Hospital  
University of the Philippines Manila  
**HOSPITAL INFECTION CONTROL UNIT**  
Taft Avenue, Manila



PHIC-Accredited Health Care Provider  
ISO 9001 Certified

**CHECKLIST FOR HICU CLEARANCE OF PGH FELLOWS, RESIDENTS, STUDENTS AND OTHER EMPLOYEES WITH CLINICAL ASSIGNMENTS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Area of Assignment: \_\_\_\_\_

The following communicable diseases should be evaluated and/or successfully treated under control for full HICU clearance  
(Please check applicable status)

**1. Pulmonary Tuberculosis**

- A. Normal Chest X-ray findings
- B. Abnormal Chest X-ray with negative sputum AFB smear 2X
- C. If previous history of TB show proof of completion of treatment for TB and negative sputum smears and TB culture  
(Note: TB culture requires time so please plan ahead)

**2. Hepatitis B virus**

- A. Negative HBsAg, Negative HBeAg
- B. Positive HBsAg, Negative HBeAg and an HBV viral load <2,000 IU/ml,
- C. If with previous Hep B infection and undergoing treatment, HBV viral load must be <2,000 IU/ml

**3. Anti-Hepatitis B surface result:**

- A. Anti-HBs titer = >100 IU/L Titer: \_\_\_\_\_ Date: \_\_\_\_\_
- B. Anti-HBs titer = <100 IU/L, recommend Hep B booster dose: Date given: \_\_\_\_\_
- C. Anti-HBs titer = <10 IU/L, or non-reactive, recommend 3 vaccinations at 0, 1, & 6 month with signed affidavit of intention to complete Hepatitis B series at month 6: 1<sup>st</sup> dose, Date given: \_\_\_\_\_  
2<sup>nd</sup> dose, Date given: \_\_\_\_\_  
3<sup>rd</sup> dose, Date given: \_\_\_\_\_

**4. Sexually Transmitted Infections**

- A. Negative RPR
- B. If positive RPR, negative TPFA
- C. If positive RPR, positive TPFA, proof of treatment: Date given: \_\_\_\_\_

**5. Varicella**

- A. Varicella IgG positive: Titer: \_\_\_\_\_ Date: \_\_\_\_\_
- B. Varicella IgG negative, recommend vaccination: 1<sup>st</sup> dose Date given: \_\_\_\_\_  
2<sup>nd</sup> dose Date given: \_\_\_\_\_

**6. Measles, Mumps, Rubella**

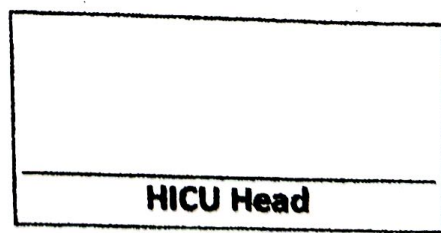
- A. Measles, Mumps, Rubella IgG positive: Date: \_\_\_\_\_
- B. MMR adult booster dose: 1<sup>st</sup> dose Date given: \_\_\_\_\_  
2<sup>nd</sup> dose Date given: \_\_\_\_\_
- C. Proof of previous MMR vaccine: Date given: \_\_\_\_\_

**7. Tetanus, Diphtheria and Pertussis**

- A. Tdap adult booster dose: Date given: \_\_\_\_\_

**8. COVID-19 Vaccine**

- 1st Dose: \_\_\_\_\_ Date Received: \_\_\_\_\_
- 2nd Dose: \_\_\_\_\_ Date Received: \_\_\_\_\_
- Booster Dose: \_\_\_\_\_ Date Received: \_\_\_\_\_



**9. HIV Screening**

- A. OPT-OUT (applicant may opt out, please submit a letter indicating you are opting out of getting an HIV test. Letter should be addressed to UP-PGH Hospital Infection Control Unit.
- B. OPT-IN (Free HIV antibody test available at HICU)

**10. Attendance to HICU INFECTION PREVENTION & CONTROL (IPC) / ANTI MICROBIAL STEWARDSHIP (AMS) lectures on the following topics:**

- A. Hand Hygiene (IH)
- B. Personal Protective Equipment (PPE)
- C. Needlestick Injury (NSI) prevention
- D. HIV prevention (this serves as group HIV pre-test counselling)

Given by: \_\_\_\_\_