

CITY OF HOUSTON

Sylvester Turner Mayor

Rodney West Interim Fire Chief 600 Jefferson St., 7th floor Houston, Texas 77002

Fire Department

All Houston Fire Department applicants shall submit copies of the following immunization/shot records to the HFD Infection Control Office in person, by fax (832) 394-6890 or by Email hfdinfectioncontrol@houstontx.gov. HFD Infection Control can be reached by telephone at (832) 394-6833 and (832) 394-6846. All immunizations must follow a CDC-approved schedule. All labs must be performed by accredited laboratories.

| Proof of these immunizations/tests will be required prior recruiters. | r to the applicant receiving a conditional job offer. | Conditional job offers are issued by HFE |
|--|---|---|
| Hepatitis B | | |
| Certified applicants must submit a completed Hep B serie All vaccines must be given on a CDC approved schedule. accepted for both Certified and Non—Certified applicants negative, or shows that the applicant is not immune, the | . Hepatitis B vaccines do NOT expire. A positive He s. The titer must be quantitative- meaning that it sl | patitis B Surface Antibody Titer is hows a numerical result. If the titer is |
| Hepatitis B Vaccine #1 | Non Certified | <u>Certified</u> |
| Hepatitis B Vaccine #2 | • At least 2 Hepatitis B vaccines OR a • | At least 3 Hepatitis B vaccines OR a |
| Hepatitis B Vaccine #3 (Certified Only) | positive titer. | positive titer. |
| Or Positive Hepatitis B Titer (Blood Draw) | | |
| Tetanus, Diphtheria and Pertussis (Tdap) | A Course of the | the second of the second |
| All applicants must have an adult dose of Tetanus, Diphth an updated tetanus vaccine (Td or Tdap). | neria, and Pertussis (TDaP). If the Tdap vaccine is ol | der than 5 years, the applicant will need |
| Tdap | Must be an ADULT dose. | |
| • | If your Tdap vaccine is older than 5 years, you | will need a Tetanus booster. It can be |
| ONLY IF TDAP IS OLDER THAN5 YRS: Tetanus Booster within 5 Years | either Td [tetanus and diphtheria] or Tdap. | William Court of Federal Science in Court of |
| Measles, Mumps, Rubella (MMR) | | |
| | | |
| All applicants must submit proof immunity to MMR. Appli mmunity. MMR vaccines do NOT expire. If the titer is neg required. | icants can submit proof of 2 doses or MMR Vaccine gative, or shows that the applicant is not immune, | e, or have a titer (blood draw) to test for then proof 2 doses of MMR vaccine is |

- MMR Vaccine #1 MMR Vaccine #2
- Or
- Positive MMR titer (blood draw)

- Each dose of MMR must be at least 28 days apart.
- MMR vaccine is a live virus vaccine and can interfere with other live virus vaccines (Varicella) and TB testing. If you need MMR vaccine(s) AND Varicella vaccine(s) or TB testing please contact Infection Control for instructions.

| Varicella (Chicken Pox) | | |
|--|--|--|
| All applicants must submit proof of immunity to Vaccine. Varicella vaccines do NOT expire. Appliconfirming immunity to Varicella. This test can on negative, or shows that the applicant is not immunity. | cants who have had chickenpox can have a ly reliably show immunity for applicants who | titer (blood draw) from an accredited lab have a history of the disease. If the titer is |
| ☐ Varicella Vaccine #1 ☐ Varicella Vaccine #2 Or | Each dose of Varicella must be at leas Varicella vaccine is a live virus vaccines (MMR) and TB testing MMR vaccine(s) or TB testing please of | * * |
| Positive Varicella titer (Blood Draw) | | |
| Tuberculosis (TB) Testing All applicants must submit proof of approved TB to must submit chest X-ray interpretation and sha communicability. | esting (skin test or blood) completed within th all provide written documentation from his | e last 6 months. If positive, applicant s/her physician attesting to non- |
| ☐ Negative TB skin test #1 | Skin Test | TB Blood Test |
| ☐ Negative TB skin test #2 | Test #1 and Test #2 must be placed: | Must be within 6 months of the completion of the applicant's |
| Or | No more than one 1 year apart. | immunization requirements. |
| ☐ Negative TB blood test | No less than 7 days apart. Test #2 must be within 6 months of the completion of the applicant's immunization | |
| ONLY IF TEST IS POSITIVE: | requirements. | |
| ☐ Negative Chest X-ray | | |

Rodney West

Interim Fire Chief

| | | Hous | ton / | Area | Houston Area Clinics | | | | | | |
|-----------------------|-------------------------------------|---|--------------------------------|-------------------|-------------------------------|---------|--|--|-------------------------------------|---|---------------------|
| Clinic Name | Clinic Name, Address & Phone | Hours | Нер-В | Hep-B Titer | Tetanus- Diptheria (Td) | TDaP | TB Test (TST) | Chest X-Ray | Measles, Mumps, Rubella (MMR) | Varicella | Varicella Titer |
| Harris County | Harris County Health (4 Clinics) | | | | | I | | | (11141141) | | |
| 1730 Humble Place Dr. | 1000 Lee Drive | Appt Only | | | | | | | | | |
| (Humble) | (Baytown) | Call: (713)212-6800 | **** | • | | | | | | | L eading and |
| 5815 Antoine, | 3737 Red Bluff Road | | \$15 | | dy man in | \$15 | \$5 | ali sala wa sa | \$15 | | 1 |
| Suite A (Houston) | (Pasadena) | M-F 8a-5p | articular den department yang | | | | | | | | |
| Concentra I | Concentra Medical Centers | | ĺ | | | | | | | | |
| (713)223-0838 | 2004 Leeland | M-F 8a-5p | \$70 | \$76 | \$43 | \$81 | ې | \$61 | \$75 | \$117 | |
| 00 | Occucare | | | | | | | | | | |
| (713)802-0801 | 5151 Katy Fwy #170 (@ TC Jester) | M-F 8a-5p | \$75 | \$15 | \$50 | \$60 | \$18 | \$30 | \$80 | \$120 | \$40 |
| Passport H | Passport Health Houston | | | | | | | | | | |
| (713)467-6575 | 9601 Katy Fwy #250 | M-F 9a-5p Hours May Vary Call for Appointment | \$90 | \$60 | \$50 | \$75 | \$35 | \$75 | \$95 | \$140 | \$65 |
| Express | Express Family Clinic | | | | | | | | | | |
| 281-742-0624 | 610 Rayford Rd. #644 | M-F 9a-6p | \$25 | \$25 | 8 9 | \$25 | \$15 | 1 | \$40 | \$40 | \$25 |
| Any Lal | Any Lab Test Now | | | | | Ĺ | | | | | |
| (281) 888-5293 | 2282 W Holcombe Blvd. | M-F 8:30a-6:30p Sat 9a-3p | | | | | | | | | |
| (713) 869-5526 | 2902 N. Shepherd Dr., Suite E | M-F 8:30a-6:30p Sat 9a-3p | | S Quantum massacs | | (4.000) | ······································ | ************************************** | | PROPATION OF SOME AND SOME SOME SOME SOME SOME SOME SOME SOME | \$49 |
| (713) 266-7900 | 5901 Westheimer Rd, Suite W | M-F 8:30a-6:30p | ****************************** | | | | | | | | |
| | | | | | | | - | | | | |

This list is provided by HFD Infection Control as a reference. Immunizations and tests do not have to be performed at the above clinics.

ALL PRICES ARE SUBJECT TO CHANGE. CALL AND VERIFY LOCATIONS, COSTS AND HOURS OF OPERATION

HFD APPLICANT

Houston Fire Department-Infection Control EMS Headquarters 600 Jefferson, 8th Floor Houston, TX 77002

Fax

| To: | From: |
|--------------------------------------|-----------------|
| Fax: 832-394-6890 | Pages: |
| Phone: 832-394-6846 | Phone: |
| Date: | Email: |
| Additional Information Needed: | |
| Mailing Address: | City/State/Zip: |
| Civil Service Rank: Recruiter: | D.O.B. |
| Certified Fire/EMT or Non-Certified: | |

This facsimile may contain CONFIDENTIAL INFORMATION which may also be LEGALLY PRIVELEDGED and which is intended only for the use of the ADDRESSEE(s) named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via the Postal Service.