



## Checklist of Items to Be Returned

- ❑ Sign and return Exhibits B, C, D E and F. Exhibit A you may keep for your own use.
- ❑ ***Copy of vaccines including*** TB, MMR (Measles, Mumps and Rubella) and Varicella

*HERE IS WHAT WE NEED, ANY MISSING VACCINE RECORD WILL DELAY YOUR PROCESSING:*

**TB** – We must have a negative PPD Read showing you are free of TB. This report must be less than 12 months old. In case of being PPD Positive, you must provide a letter from your physician stating that you are PPD-POSITIVE but free of symptoms as well as a clear X-ray of lungs in the last 5 years. A yearly PPD-POSITIVE questionnaire must be filled out. **(MANDATORY)**

**MMR** – Proven immunity to these diseases, or two separate doses of these vaccines. **(MANDATORY)**

**Varicella** – either proof of varicella immunity or two doses of the varicella vaccine. **(MANDATORY)**

**Hep B** – Proof of Immunity. **(RECOMMENDED)**

**FLU Shot** – A copy of your yearly flu shot for use in hospitals September-April **(MANDATORY)**

**TDaP Shot** – You should have this vaccine. **(RECOMMENDED)**

- ❑ One copy of your resume
- ❑ One copy of at least a 45-hour training certificate and/or certification if you are a QMI /CMI or AHI/CHI.
- ❑ A color passport-type picture for your badge. Can e-mail to: [wheywoodwest@interpretersassociates.com](mailto:wheywoodwest@interpretersassociates.com)
- ❑ A copy of first page of your passport, Driver's License, Alien Reg. Card or Employment Authorization Card as well as a copy of your Social Security Card.

## Please return the paperwork to:

Mail: Interpreters Associates, Inc.  
529 Main Street  
Powerhouse Building – Suite 200  
Charlestown, MA 02129

FAX – 781-629-2699

or e-mail to: [aliebl@interpretersassociates.com](mailto:aliebl@interpretersassociates.com)

Office Address: 529 Maian Street, Suite 200 Power House Building, Charlestown, MA 02129

Fax (781) 629-2699

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