



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Department of Health

Cannon Building Three Capitol Hill Providence

2. Title of Rule

Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers

3. Statutory Source of Authority

Chapters 23-17 and 23-17.7 of the Rhode Island General Laws, as amended

4. Concise Explanatory Statement - §42-35-2.3

For the purpose of adopting prevailing standards pertaining to requirements for immunizations and testing for communicable diseases and pre-employment health screenings for health care workers involved in direct patient contact in health care facilities licensed in Rhode Island

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p>" <input type="checkbox"/> Repeal of ERLID:</p> <p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	<p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p>

Final Rules			
<p><input type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID:</p>	<p><input checked="" type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):05/25/2002
 Date of Public Hearing - §42-35-3(a)(2):06/25/2002
 End of Comment Period:

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____