North Shore-LIJ Health System

Visiting House Staff and Medical Student Medical Clearance Form Instructions

Health Assessment

Visiting House Staff and Medical Student Clearance Form which must be completed and signed by your health care provider.

Practitioner must put title and stamp on form

Tuberculosis Screening

Option 1: Provide date and result of two (2) Tuberculin Skin Tests within 12 months of rotation on licensed practitioner's or hospital Employee Health Service letterhead. **The 2nd TST must be within 3 months of the rotation start date**

-OR-

Option 2: Provide documentation from Blood based Tuberculosis Screen Tests within 3 months of rotation. Approved FDA test are: QuatiFERON-TB Gold; QuantiFERON-TB Gold In-Tube; TSpot.TB.-

If TST or Blood Based Tuberculosis screening results is positive, then submit chest x-ray report performed within 12 months of rotation documenting no active disease.

Proof of Immunity via blood titers OR vaccination records

Titers:

- o All titers must be official lab reports.
- o The name and address of the lab must be on the lab results.

Vaccination Records must include the following:

- o Name of Product (Vaccine)
- o Date the vaccination was administered
- o Contact information of the vaccinator or facility (i.e.; Office Stamp)

Requirements for Medical Clearance:

- o Rubella lab report OR documentation of one (1) MMR immunization
- o Rubeola lab report OR documentation of two (2) MMR immunizations
- o Mumps lab report OR documentation of two (2) MMR immunizations
- Varicella lab report OR documentation of two (2) Varicella immunization OR documented dates of disease signed by the practitioner
- Hepatitis B Surface Antibody Titer lab report and documentation of Hepatitis B vaccination series
- o Hepatitis B Surface Antigen Titer lab report

Other Requirements:

Tdap – Tetenus, Diptheria and Pertussis Vaccination

Influenza - (Flu) Vaccination during Influenza season which is determined by New York State Department of Health Commissioner (as of July 2013 forward).

Vaccine documentation must include the Name of the Vaccine, the date the vaccine was administered, Contact information of the vaccinator or facility.

Instructions for submission:

- Once you have uploaded the above requirements as a supplemental document in VSAS, **YOU MUST** send an email to qualityrn@nshs.edu with notification of the upload. No documents will be accepted via email or fax
- Please be sure to include: VSAS/ your name/ your rotation date in the subject area
- You must send the email every time you upload new documentation. No documents will be accepted via email or fax



North Shore | | Visiting House Staff & Medical Student Medical Clearance Form

Siloi	cely				
Name (Please	Print):	Rotation Date(s):			
Department: Contact Phone		Email Address:			
 I cer the l I fur to a info 	and Signed by Applicant: rtify that I do not use illegal drugs, nor do I misuse/abuse controlled or othe habituation or addiction to depressants, stimulants, narcotics, alcohol or othe rthermore authorize North Shore-LIJ, its practitioners and my health care pro- nuthorized representatives of clinical facilities when requested. I understan rmation will be grounds for denying my application or for dismissal. I certif which might interfere with the performance of my duties.	er substances. vider (if applicable) to release nd that giving false or mislea	any and all information obtainding information or failure	ined in the medical examinat to disclose requested medi	
	Signature of Student	Print Name Date			
2 months prior	ide the following information in order to start your clerkship. A health care or to commencement of the clerkship. Failure to complete this form and submothere are no exceptions to this medical clearance requirement. THE AREA BELOW IS TO BE COMPLETED AND	nit it at least 10 working days	prior to the date of the clerk	ship will result in the loss of	
	e: If vaccination dates are not available for any of the via blood titers on laboratory letterhead. All information			abmit proof of	
	OR				
	MEASLES (Rubeola) Two immunizations with live measles vaccine				
	MUMPS			1	
	Two immunizations with live mumps vaccine		-		
	RUBELLA (German Measles) One immunizations with rubella vaccine				
	VARICELLA			1	
	Two immunizations with Varicella vaccine			_	
II	Tdap vaccination documentation				
	Flu vaccination documentation (Proof of flu vaccination or declination during Flu season which is determined by NYSDOH Commissioner)				
	HEPATITIS B HbsAG & HEPATITIS B Anti-HBS Laboratory Titers and documentation of all Hepatitis B Vaccines Titers must be attached to this document	Both Titers are required	Both Titers are required	Both Titers are required	
	2-Step Tuberculin Skin Test (TST) Regardless of prior BCG inoculation	on Blood based Tub	erculosis infection screeni	ng test	
	(TST #1) Date (within last three months):/	(e.g. QuantiFERON TB Gold) Date (within last three months):// Result: □Negative □Positive □Indeterminate (Lab results must be attached to this document)			
III	(TST #2) Date (within 1 year of the rotation start date):/ □Negative □Positive Size of Induration	OR If positive, you must provide proof of a chest x-ray with no active disease.			
	If positive, you must provide proof of a chest x-ray with no active disease. Chest X-ray Date (within One year of the rotation start date): Date:/ Result: Treatment given: Date(s):	Chest X-ray Date (within One year of the rotation start date):/ Result:			
	Medication (s):				
have personally hich might into	nd Signed by Examining Practitioner: y examined the above named applicant in the past 12 months and find him/herfere with the performance of service duties, including the habituation or act the above-named applicant has received the immunizations listed above or	ner free from any physical/emoddiction to depressants, stimul	otional impairment which is	a potential risk to patients or	
lealth Care Pro	vider:	Phone ()	-		
(Please Print)		I none () _			
lealth Care Pro	vider Signature:	Date:	//		
lealth Care Pro	vider Stamp/Office Stamp for Address and Telephone Number:		See a Classical		

Revised 4/25/14