

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: QuantiFERON-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:

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

Vaccination Records must include the following:

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

Requirements for Medical Clearance:

- Rubella lab report OR documentation of one (1) MMR immunization
- Rubeola lab report OR documentation of two (2) MMR immunizations
- 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
- Hepatitis B Surface Antigen Titer lab report

Other Requirements:

Tdap – Tetanus, Diphtheria 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**

