

Rotator Medical Requirements (Health Clearance Form)

Rotator Last Name: _____	First Name: _____	Middle Initial: _____
Phone Number: _____	Home Institution Name: _____	

Please attest that the following documentation for the above-named individual is on file with your institution:

1. An annual or the initial Health Assessment within the past twelve (12) months certifying fitness for duty for the rotator's work functions in a health care facility.
2. Record of Immunity by laboratory titers to rubella, rubeola (measles), mumps and varicella. If laboratory titers are non-immune, then record of full vaccination is required (at least 2 MMRs, Varivax series) unless there is a documented medical contraindication to vaccination.
3. Documentation of laboratory testing for Hepatitis B (HB) Surface Antigen, HB Surface Antibody and HB Core Antibody. Evidence of immunity by positive antibody titers to Hepatitis B or documentation that full Hepatitis B vaccination has been received or proof of declination of Hepatitis B vaccine. If Rotator is Hepatitis B Surface Antigen positive, the HMH Palisades Medical Center Occupational Medicine Service (201-854-5265) must be contacted regarding further evaluation prior to rotation at HMH Palisades Medical Center.
4. Record of Tdap in adulthood or record of medical contraindication to Tdap vaccination.
5. Documentation of urine drug screen (10 panel).
6. Record of current seasonal (Oct-March) influenza vaccination.
7. Record of annual TST (TB) skin test or Quantiferon if negative. If positive, documentation of negative chest xray at initial evaluation and annual symptom survey. If chest x-ray revealed evidence of active TB, documentation of appropriate medical treatment and annual symptom survey.
8. Medical clearance for respirator fit testing for N95 respirator or PAPR if needed.

Primary Physician or Director of Occupational Health for the above-named home institution:

Print Name/Title

Signature

Date

Phone Number