South Oaks Hospital
Northwell Health℠

To all contracted staff, agency staff, interns, vendors:

The following are a list of requirements for you to complete prior to your internship, starting as a volunteer, doing contracted work, or providing services as a vendor. You <u>will not be cleared</u> to begin your affiliation until all documentation is received.

1) **Physical exam** done within last 12 months. Must include patients name, providers name, providers telephone number, providers signature and date of exam.
2) **Tuberculin Skin Test (TST) x2** or **IGRA** (Quantiferon gold/ T spot)within past 12 months if history of prior negative tests.
3) If history of **positive TST OR Quantiferon gold** a negative chest x-ray must be provided.
4) **Rubella** (German measles) documentation of immunity (titer) or proof of vaccination with one dose of MMR given after the first birthday.
5) **Rubeola** (measles) documentation of immunity (titer) or proof of 2 MMR's given after the first birthday and at least 30 days apart.
6) **Varicella** (chicken Pox) documentation of immunity (titer) or proof of 2 Varicella Zoster Vaccines at least 30 days apart.
7) **Mumps** – documentation of immunity (titer) or proof of 2 doses of MMR given after the first birthday and at least 30 days apart.
8) **Tdap** - proof of one dose given within the last 10 years.
9) **Influenza vaccine** is required of all affiliates during flu season annually from September 1st until the NYS DOH determines that flu is no longer widespread.
10) your experience here may put you at risk for exposure to blood or potentially infectious body fluids. We also request you provide us with documentation of your immunity status to **Hepatitis B.** Acceptable documentation is history of positive immune status (titer)and/ or a copy of the vaccination record.

5/24/16

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Employee Health Dept. Requirements for ***Affiliates****
TEL:631-608-5500 FAX- 631-264-3801

Name: _____
Address: _____
Email Address: _____
Phone: _____ Date of birth: _____
Known allergies: _____
Emergency contact: name_____ **Phone:** _____
Department assigned to: _____ **Preceptor:**_____

Tuberculin Skin Test (TST) : required x2 within a year for all who have a history of prior negative. Prior Positive TST must have negative chest x-ray. IGRA also acceptable.
TST #1 Planted_____**/ read**_____ **results in MM** _____
TST#2 Planted_____**/ read**_____ **results in MM**_____
Chest x-ray date:_____**/ results**_____

One dose of Tdap is required within 10 years: Date given_____

Influenza vaccine is required during flu season, You may bring documentation from outside of vaccination or we will vaccinate you before you enter the clinical area.
If there is a potential for this ***affiliate**** to be exposed to blood borne pathogens, has he/she been vaccinated for **Hepatitis B** Yes_____ No _____ N/A _____(optional)

Practitioner Certificate:
I have performed a physical exam of sufficient scope to ensure that the above mentioned person is free from health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior (per N.Y.S code 405.3(b))

Practitioner Signature _____ Date _____
Print Name_____ Phone#_____

****Affiliate*** – student, contract worker, Intern, vendor, any personnel not on the LIH payroll who will be here for longer than a 2 week period. 5/24/16