



KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

KATHY O'KEEFE, M.A., C.R.C.
Executive Director

Pilgrim Psychiatric Center

Infection Control Student/Instructor Clearance Attestation Form

Instructions: To be completed and submitted prior to the start of the semester by the school /facility for all Instructors and Students that will be at PPC on or off ground locations. The only documentation that needs to be submitted is COVID-19 Vaccine proof of immunization. No other proof/documentation is necessary, but records must be available at school/facility if requested.

Name: (Last Name) (First Name) (M.I) Instructor Student Date of Birth: (Circle one)

Address: (Street) (City) (State) (ZIP Code)

Phone #: _____

Semester/Year at PPC: _____ Date Form Completed: _____

Blood Work Titers Dates and Results

Table with 3 columns: Titer (Rubella, Rubeola, Varicella, Mumps), Date, Result.

NEGATIVE/NON-REACTIVE TITRES FOR RUBELLA AND/OR RUBEOLA (MEASELS) REQUIRE PROOF OF TWO (2) MMR Vaccines

MMR #1: _____ MMR #2: _____

Hepatitis B Antibody, Vaccine or Declination Status (Complete one)

Table with 4 columns: Hepatitis B Titer, Date, Result; Hepatitis B Vaccine, #1 Date, #2 Date, #3 Date.

Please provide date of declination, if student has declined Hepatitis B vaccination or does not have immunity. Date of declination: _____

Influenza and COVID-19 Vaccinations

It is mandated at PPC to be fully vaccinated for COVID-19, fully vaccinated means all primary doses in a series were received.

Table for Seasonal Influenza Vaccine and COVID-19 Vaccine with columns for Dose, Date, and Manufacturer.

Office Use Only - COVID-19 Vaccine Verified NYSIIS/CIR? [] Yes [] No, follow up

Please complete **one** of the following sections for TB Infection Control Clearance:

<u>Tuberculin Skin Test (PPD intradermal only) (MUST BE READ 48-72 HOURS LATER)</u>		
Step 1 TST	Read Date:	Results in mm:
Date Implanted:		
Step 2 TST	Read Date:	Results in mm:
Date Implanted:		

OR

<u>QuantiFERON Gold Blood Test (TB Blood Test)</u>	
Date:	Results:

OR

<u>History of Positive TST or TB Blood test</u>	
All positive Tuberculin Tests require a negative chest X-ray. X-ray reports must be on record at the school/facility.	
Date:	Results:

_____ attests to the information on this form for the Student/Instructor
(Name of Facility/School)
and understands that this information may be requested. Please ensure that the included information is accurate and has been confirmed by the school.

Date: _____

Signature: _____

(Signature of Facility/School Representative)