

**Office of Graduate Medical Education  
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New York, NY 10025  
Tel: (212) 523-2154 Fax: (212) 523-5402**

**MEDICAL REGULATORY REQUIREMENTS**

**TO:** \_\_\_\_\_  
(Name of Institution or Employer)

**REF:** \_\_\_\_\_  
(Name of Individual) (Social Security Number)

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

- 1). An Initial Health Assessment granting fitness for duty in a health care facility.
- 2). Evidence of an Annual Health Assessment (Initial Health Assessment) within the past twelve (12) months certifying no illness or conditions found that would jeopardize or impair ability to work.
- 3). Record of immunity or full vaccination to Rubella.
- 4). Record of immunity or full vaccination to Rubeola.
- 5). Varicella titer.
- 6). Record of Mumps vaccination or proof of immunity.
- 7). Record of Mantoux PPD skin test for tuberculosis within six (6) months prior to placement and at least one year, thereafter, if negative. If positive, appropriate clinical follow-up has been documented and clearance established by private physician or the Department of Health.
- 8). For persons with a predictable possible exposure to blood or infectious body fluids, proof of either 1) immunity to Hepatitis B or 2) that full Hepatitis B vaccination has been given or 3) if declined, proof of declination.
- 9). Received infection control training and training in universal precautions in-service to comply with OSHA regulations.
- 10). OSHA Respiratory Training and Fit-Testing.

**FOR THE INSTITUTION NAME ABOVE (both signatures required)**

❖ Administrator responsible for Occupational Health for the above institution or employer:

\_\_\_\_\_  
Print Name Signature Telephone # Date

❖ Physician or Director of Occupational Health for the above institution or employer

\_\_\_\_\_  
Print Name Signature Telephone # Date