THE NEW YORK MEDICAL CENTER OF QUEENS
EMPLOYEE HEALTH ATTESTATION FORM

Name _____ Date _____

Department ___ Emergency Department _____ Date of Birth _____

( ) Contract Service (X) Student ( ) Other

Please attach documentation of:

A. Rubella Immunity:

_____ 1. Laboratory (Serology) evidence of Rubella immunity
or
_____ 2. Rubella Vaccination.

B. Rubeola Immunity:

_____ 1. History of physician diagnosed measles disease in the past.
or
_____ 2. Laboratory (Serology) evidence of measles immunity.
or
_____ 3. Two Doses of live measles vaccine administered on or after 12 months of age at least one month apart.

C. PPD Status:

_____ mm induration Date administered _____
(must be within the last 12 months)

Results of Chest X-Ray (if PPD positive) Negative _____ Positive _____

Date of Chest X-Ray _____

D. History of Chickenpox:

Positive _____ Negative _____

E. Hepatitis B Immunity Status:

Unvaccinated _____ Vaccinated _____ Titer Immune _____ Not Immune _____

I have preformed complete physical examinations on _____. The above individual is free of any health impairment which is of potential risk to patients or which might interfere with the performance of his/hers duties including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs which may alter the individuals behavior.

_____
Practitioner's Signature

Practitioner's Stamp _____

Practitioner's Address: _____

RETURN COMPLETED FORM TO:
Chief Robert Pace
Regional Training Center for EMTs
PO Box 126
Oakland Gardens, NY 11564