RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

Graduate Medical Education
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Rotator Medical Requirements / Health Clearance Attestation Form

To be completed by Rotator:

Last Name:_____ First Name:_____ Middle Initial___

Employer/Institution: _____ Cell Phone Number:_____

I certify that I am able to perform the essential job functions of my position as a resident, including the performance of professional clinical duties, with or without reasonable accommodation(s). I agree and understand that if I need reasonable accommodation(s) due to a disability as defined by applicable laws, in order to perform the essential functions of my position, it is my responsibility to initiate the process to request an accommodation by contacting the University's Office of Employment Equity (OEE) https://uhr.rutgers.edu/uhr-units-offices/office-employment-eguity if employed by Rutgers, or my own employer's accommodations office. I further agree and understand that my eligibility to receive reasonable accommodations is contingent on my participation in the interactive process and compliance with applicable University policies and procedures related to the processing of such requests.

Signature:_____ Date:_____

To be completed by Occupational Health Service:

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

1. A baseline Health Assessment 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, 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. The rotator must have either evidence of immunity by positive antibody titers to Hepatitis B, documentation that full Hepatitis B vaccination has been received, or proof of OSHA declination of Hepatitis B vaccine. If a Rotator is HB Surface Antigen positive and performs CDC Exposure-Prone Category I Procedures, the individual must be under an Expert Review Panel's Oversight and the HBV DNA must be < 1,000 IU/ ml and documented every 6 months.
4. Record of Tdap in adulthood or record of medical contraindication to Tdap vaccination.
5. During influenza season, record of seasonal influenza vaccination or documentation of medical contraindication to influenza vaccination.
6. Record of COVID-19 vaccination and booster or documentation of medical contraindication to COVID-19 vaccination.
7. Record of current TB surveillance testing, either TB skin test or blood interferon-gamma release assay for TB. Ifthe individual has a positive surveillance test,then a focused physical examination,documentation of a negative posteroanterior chest x-ray and counseling at the initial evaluation, followed by treatment or annual symptom surveys. If the individual has had active TB disease, then documentation of appropriate medical treatment.
8. Medical clearance for respirator fit testing for N95 respirator or PAPR if needed.

I attest that the above-noted documentation for the above-named individual is on file at our institution.

Physician/APN or Director of Occupational Health for the above-named institution or employer ONLY:

_____ _____
Print Name Title

_____ _____
Signature Date

_____
Phone Number