

HUNTER COLLEGE PHYSICAL THERAPY PROGRAM

MEDICAL CLEARANCE PROCEDURE FOR CLINICAL AFFILIATIONS

PURPOSE

To comply with New York State Department of Health mandates, the following policy on verification of immunization must be followed for all affiliating students.

POLICY

It is now required that each individual student have verification of Rubella, Measles, and Tuberculosis immunity in addition to CBC and urinalysis. It is strongly suggested that each student receive the Hepatitis B vaccine/ vaccination series.

1. Verification must show:

1. Tuberculosis- negative PPD within 6 months - 1 year ;
if positive, chest x-ray is required.
 2. Rubella - rubella titer (blood test) must be greater
Than 8 to show immunity.
 3. Measles:
 - A. measles titer (blood test) is required
 - B. written note from MD verifying physician - diagnosed
measles disease
 - C. dates of 2 doses of live measles vaccine administered on or after
12 months of age given at least one month apart
 - D. persons born prior to January 1, 1957 can generally be considered
immune to measles. If they have no history of measles disease,
Serologic testing is required.
 4. Hepatitis B surface antigen/ antibody. In the event that a student declines
to receive the Hepatitis B vaccine/vaccination series, he/she must sign the
"statement of Declination" below.
 5. Proof of immunity to varicella (chicken pox) or varicella titer.
 6. CBC
 7. Urinalysis
2. This information will be forwarded with your introductory packet or, if in compliance,
can be brought with you on the first day of affiliation. Any student not in compliance
will not be able to begin affiliation until completion.

3. Please utilize the attached form for documentation of immune status.

HUNTER COLLEGE

PHYSICAL THERAPY PROGRAM

MEDICAL CLEARANCE

MEASLES SURVEY- RUBEOLA

(not Rubella or German Measles)

According to the recommendation of the Department of Health of the City of New York, all hospital employees, as well as student affiliates, should be immune to measles.

If you were born before January 1, 1957, it is likely that you are immune to measles. However, if you had only one measles vaccination or you are uncertain as to your history of measles, and you were born after January 1 1957, you should receive a dose of measles vaccine.

Please complete the following questions and retain this form along with the medical clearance form. Please return these two forms to my office at the agreed upon date prior to your affiliation.

Susan Pivko, ACCE

ALL MEASLES VACCINATIONS SHOULD BE ADMINISTERED AS A COMBINED MEASLES, MUMPS, RUBELLA VACCINE (MMR). In addition, serologic testing is required.

Print Name

Please circle your response.

- | | | | |
|--|-----|----|---------|
| 1. Have you had measles?
(If no, answer 2-4) | Yes | No | Unknown |
| 2. Do you have a positive
Measles titer? | Yes | No | Unknown |
| 3. Were you born on or after
January 1, 1957? | Yes | No | Unknown |
| 4. Have you been vaccinated
For measles? | Yes | No | Unknown |

HUNTER COLLEGE SCHOOL OF HEALTH SCIENCES
PROGRAM IN PHYSICAL THERAPY
MEDICAL CLEARANCE

In compliance with the New York State Health Code I have examined:

Name: _____ Tel # _____

Address: _____

And to the best of my knowledge have found him/her to be free from health impairment that would pose a potential risk to patients and hospital personnel or which might interfere with the performance of his/her duties. The above person is also found to be free of any signs of association or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances which may alter the individual's behavior. I attest to the results of the required and recommended tests listed below.

M.D. name (print)

Date

M.D. Signature

Date

PPD- Annual PPD testing is required for all previous nonresponders. Chest x-ray is required for all recent converters. Sputum tests may be indicated for persons who have a history of tuberculosis or past PPD conversion must attest that they are free of chronic fever, chills, night sweats, persistent cough, and/or hemoptysis. Isoniazid prophylaxis may be recommended for recent converters.

PPD Planted _____ Date Read _____ Results _____

If patient is PPD positive:

Date of last chest x-ray _____ Result _____

I attest that patient is free of symptoms of tuberculosis.

Physician's Signature

Rubella Titer: _____

Check one of the following: Immune _____ Not Immune _____

Diphtheria/Tetanus Toxoid Date: _____

HUNTER COLLEGE PHYSICAL THERAPY PROGRAM
MEDICAL CLEARANCE / SUPPLEMENTARY FORM

Rubeola Titer: _____

Check one of the following Immune _____ Not immune _____

Varicella Titer: _____ Or

History of Varicella _____ Date: _____

Hepatitis b surface antigen/antibody: _____

Status: _____

Hepatitis Vaccine _____ Date: _____

I the undersigned give approval of my physician to release the information required for medical clearance.

Student's Signature

Date

STATEMENT OF DECLINATION (if Hepatitis B vaccine has not been administered)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

Signature