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, RUBEOLA 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
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 ___________________________
Diptheria/Tetanus Toxoid Date: ___________________________
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