



Memorial Sloan Kettering
Cancer Center

Employee Health & Wellness Services

Medical Fitness Regulatory Requirements

To: Physician/Administrator of Occupational/Student Health Services for the referenced trainee

Trainee: _____ Date of Birth: _____

New York State Law and Memorial Sloan Kettering Cancer Center require that all students/rotators meet medical screening requirements prior to their start date. All trainees must submit this completed form to be medically cleared.

I attest that the following documentation for the above-named individual is on file with

_____ **(institution/school):**

1. An initial Health Assessment granting fitness for duty in a health care facility.
2. Evidence of an Annual or (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/measles
5. Record of immunity or full vaccination to mumps
6. Varicella positive titer or proof of two (2) varicella vaccines
7. **Record of Mantoux PPD test for tuberculosis or Quantiferon-Gold blood test prior to placement and at least annually thereafter, if negative.** If positive, clinical follow up (Chest X-ray) has been documented and clearance established by private physician or DOH.
8. For persons with a predictable possible exposure to blood or infectious body fluids, proof of either A) immunity to Hepatitis-B or B) vaccination has been given or C) if declined, proof of declination

9. Physician/Administrator of Occupational/Student Health Services for the referenced trainee

_____	_____	_____
Date	Print Name and Title	Signature

Please return the completed form to your MSK Coordinator prior to your start date.

If you have any questions regarding medical clearance
please contact Evelyn Velazquez; velazqe1@mskcc.org (EH&WS)