



**Observer/Clinical Rotation
Health Assessment Evaluation**

Name: _____

Date of Birth: _____

Required Health Documentations:

- PPD Results (within one year), If PPD positive, a Chest X-Ray report must be included
- Rubella Titre
- Rubeola(Measles) Titre, if born after 1/1/57,
- Flu Vaccine administered during flu season

Do you have a physical, mental, or emotional condition or substance abuse problem that could affect your ability to observe safely?
 Yes No

Do you consider yourself to be in good health? Yes No

	Yes	No
Have you ever had a positive PPD (TB skin test)?		
Were you ever placed on medication for having a reaction to the PPD (TB skin test)?		
Have you ever received a BCG vaccine?		

TB and Immunizations

FOR PPD NEGATIVE REACTORS – Complete the PPD (Mantoux) test information below or submit equivalent form. New York State regulation 405.3 requires PPD (Mantoux) skin test within the last twelve (12) months..

Date administered: _____ Lot #: _____ Left or Right Forearm
Date read: _____ Results: _____ mm Induration (Indicate Zero if No Reaction)

Rubella Titer _____
Rubeola(Measles)Titer _____
(if born after 1/1/57)

Signature of Medical Professional (other than yourself):

Signature: _____ Date: _____

Print Name: _____ Office Phone Number: _____

Email: _____

Observer/Clinical Rotation Student - Signature

I hereby state that the information provided on this form is complete, true and accurate.

Signature: _____ Date: _____

Print Name: _____

***** Office Use Only – Reviewed By *****

Signature: _____ Date: _____

Print Name: _____ Occupational Health Consult Requested: Yes No