



Employee/Student Health

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SUNY Upstate Medical University

Upstate Medical University

Employee/Student Health CERTIFICATE OF HEALTH STATEMENT ALL SPACES MUST BE COMPLETED

Name: _____ Sex M F Date of Birth: _____
 Institution or Agency: _____ Social Security #: _____
 Contact Person: _____ Phone Number: _____
 Dept. Location: _____ Hospital Other
 Contact Person: _____ Phone Number: _____
 Position: _____ Start Date: _____ Exit Date: _____
 Local Address: _____ Telephone #: _____

CURRENT HEALTH STATUS	Date	Result
History and Physical	_____	_____
Annual Health Assessment	_____	_____
Health Limitations <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation: _____	

TUBERCULIN SKIN TEST: (TST) (required within 1 year prior to assignment) (TST, Mantoux only, Tine test unacceptable)

- Date given: _____ Product Manufacturer: _____ Lot #/Expiration Date: _____
- Date read: _____ Results: _____
- If previous TST was positive, Date of conversion: _____ Reaction: _____ mm
- Chest x ray is required for those who are TST positive (required within 6 months of starting)
Date: _____ Result: _____ (Report must be enclosed)
- Was treatment taken for a positive TST Yes No
Drug: _____ Date Started: _____ Date Completed: _____

RUBELLA: (German Measles) Antibody Titer Date: _____ Result: _____

RUBEOLA: (Measles) (If born on or after January 1, 1957)

- Antibody Titer Date: _____ Results: _____

VARICELLA: (Chicken Pox/Shingles) Disease: Yes No

- Blood test needed if no history of disease Antibody Titer Date: _____ Result: _____

TETANUS/DIPHTHERIA: (recommended within 10 years) Date of last immunization: _____

PATIENT CONTACT ONLY: Have you been medically cleared to wear a respirator mask?: Yes No
Have you passed the fit test? Yes No

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS: Yes No

HEPATITIS B VACCINE: Date: #1 _____ #2 _____ #3 _____ Declined

Print Name of HCP Completing form: _____ Title: _____
 Signature of Health Care Provider: _____ Phone Number: _____
 Address: _____ Zip Code: _____

RETURN TO: Employee/Student Health Office, Jacobsen Hall,
SUNY Upstate Medical University,
750 East Adams Street, Syracuse, NY, 13210.

FOR HEALTH SERVICES
 Reviewed by: _____
 Date: _____
 Comments: _____