

SUNY Upstate Medical University
Certificate of Health Instructions

Documentation of your health status by completion the Certificate of Health is required prior to beginning activities that require access to clinical areas within Upstate Medical University. The explanation of the form is as follows:

- **Name, sex and birth date** as requested.
- **Institution or Agency.** What is your present employment or academic affiliation prior to your arrival here?
- **Social Security Number.** Required if you have had prior residency in the U.S.
- **Contact Person and Phone Number.** Who is the person we can contact in the department you will be working in?
- **Department Location.** What department will you be working in?
- **Position.** What is your title, job or function while here?
- **Start and Exit Date.** When will you begin and when will you leave?
- **Local Address and Phone.** Where will you live while here and what will your phone number be?

Your physician or health care provider should complete the following:

- **History and Physical.** You must either have a physical exam within one year of the start date or have had a physical exam > 1 year ago and documentation of subsequent annual health assessment(s) since your last physical. Significant health concerns must be stated.
- **Annual Health Assessment.** Submit documentation from present employer/health facility as explained above.
- **Health Limitations.** Do you have any health concerns that would prevent full participation or present a health risk to others?
- **Tuberculin Skin Test (TST).** A Mantoux (PPD) is required within one year or the start date if there is no prior history of a positive TST. Document the product used, lot number and expiration date. Document the result in millimeters. TST is required even if you have had BCG in the past. If the TST is positive or you have had a prior positive, a chest x-ray is required within six months of the start date.
- **Rubella.** An antibody(IgG) titer is required. If negative, one dose of vaccine is required?
- **Rubeola.** An antibody(IgG) titer is required if born after 1/1/57. If negative, two doses of vaccine are required 30 days apart.
- **Varicella.** An antibody titer is required if there is no history of disease. If the titer is negative, vaccine is suggested but not required.
- **Tetanus/Diphtheria.** Recommended within 10 years.
- **Patient Contact.** Have you received instruction and been fitted to wear a mask for respiratory protection?
- **Occupation Exposure.** Will your activities here potentially expose you to blood or body fluids?
- **Hepatitis B Vaccine.** Have you completed the series?

Your physician or health care provider must sign the Certificate of Health. The name, title address and telephone number must be fully completed.