

AFFILIATING SCHOOLS HEALTH CLEARANCE VERIFICATION FORM

*****EFFECTIVE SEPTEMBER 1, 2023: Health Clearance Verification Forms must be submitted to StudentVerification@upstate.edu.*****

School:	Program:	Date submitted:
Clinical Instructor:	School Contact Information:	
Location: <input type="checkbox"/> Downtown Campus <input type="checkbox"/> Community Campus	Other:	
Semester:	Year:	Start Date: End Date:

The following students and instructors meet all NYS DOH 405.3 Health Code requirements (see Page 2) and all requirements of the healthcare agency to which they will affiliate this semester.

Name <i>(Last, First)</i>	Date of Birth	Acceptable Health Status (v)	NYS DOH 405.3 health requirements have been met (v)	Tuberculin Skin Test TST) Check if Negative <u>Must Include Date</u>		If TST is Positive, include date & result of most recent Chest X-ray. Signs & symptoms are required to be verified as negative.			<u>RECOMMENDED</u> COVID Vaccination Date(s) (J&J, P, M, AZ)	<u>RECOMMENDED</u> Influenza Vaccination Date (August 1st – May 1st)
				Date	Neg. (v)	Date	Result	S&S Neg. (v)		

Submit forms to: StudentVerification@upstate.edu
 Questions: Contact Bridget McCarthy, FNP at mccarthyb@upstate.edu or call 315-464-4260.

HEALTH REQUIREMENTS

Acceptable health status requires all affiliating students and instructors must be in good health, and physically and emotionally capable of participating in their clinical experience. Furthermore, students and instructors must not engage in clinical activities if ill with known or suspected communicable illness. Symptoms of illness must be immediately reported to the clinical instructor or supervisor responsible for the student.

NYS Department of Health Title 10, Section 405.3 Requirements [Revised June 2023]

1. **A certificate of immunization against Rubella, Rubeola (measles), Mumps and Varicella (chickenpox) which means:**
 - (a) a laboratory report demonstrating serologic evidence of Rubella, Rubeola (measles), Mumps and Varicella (chickenpox) antibodies; or
 - (b) a document indicating one dose of live virus **Rubella** vaccine was administered on or after the age of twelve months, showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization; and a document indicating two doses of live virus **Rubeola (Measles) and Mumps** vaccine were administered with the first dose administered on or after the age of 12 months and the second dose administered more than 30 days after the first dose but after 15 months of age showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization; or a document, indicating a diagnosis of the employee as having had measles disease prepared by the physician, physician's assistant, specialist's assistant, licensed midwife or nurse practitioner who diagnosed the student 's measles; and a document indicating two doses of live virus **Varicella** vaccine were administered with the first dose administered on or after the age of 12 months and the second dose administered more than 30 days after the first dose but after 15 months of age showing the product administered and the date of administration, and prepared by the health practitioner who administered the immunization; or
 - (c) a copy of a document that verifies the information described in (a) or (b) above which comes from a previous employer or the school which the student attends.
 - (d) if any licensed physician, physician's assistant, specialist's assistant, licensed midwife, or nurse practitioner certifies that immunization with measles and/or rubella or varicella vaccine may be detrimental to the student's health, the requirements of (i) and/or (ii) above relating to measles and/or rubella, or varicella immunization shall be inapplicable until such immunization is found no longer to be detrimental to such student's health. The nature and duration of the medical exemption must be stated in the student's medical record and must be in accordance with generally accepted medical standards, (see, for example, the recommendations of the American Academy of Pediatrics and the Immunization Practices Advisory Committee of the U.S. Department of Health and Human Services)
2. **Tuberculosis Surveillance:** Required for all personnel prior to affiliation - an initial individual tuberculosis (TB) risk assessment, symptom evaluation, and TB test (either tuberculin skin test or Food and Drug Administration (FDA) approved blood assay for the detection of latent tuberculosis infection), and annual assessments thereafter. Positive findings shall require appropriate clinical follow-up. Annual TB assessment shall include education, individual risk assessment, and follow-up tests as indicated.
3. **RECOMMENDED - Influenza Vaccination:** It is strongly recommended that affiliating students and instructors be vaccinated for the current influenza season to engage in clinical activities at Upstate Medical University. Medical contraindication to influenza vaccination must be documented on the Medical Exemption Statement for Health Care Personnel form developed by the NYS Department of Health. Unvaccinated persons will abide by masking guidelines as instituted by Upstate's Infection Prevention Department pursuant to NYS DOH seasonal influenza prevalence recommendations.
4. **RECOMMENDED - COVID-19 Vaccination:** Upstate strongly recommends that affiliating students and instructors be vaccinated for COVID-19 or a valid medical exemption to such vaccination, pursuant to section 2.61 of this Title, in accordance with applicable privacy laws, and making such documentation immediately available upon request by the Department, as well as any reasonable accommodation addressing such exemption. Unvaccinated persons will abide by masking guidelines as instituted by Upstate's Infection Prevention Department pursuant to NYS DOH COVID-19 prevalence recommendations.