



**AFFILIATING SCHOOLS/COLLEGES OF NURSING  
HEALTH CLEARANCE VERIFICATION FORM**

EFFECTIVE NOVEMBER 18, 2014: Health Clearance Verification Forms must be submitted to the appropriate campus. If the location of the clinical experience is an Upstate clinic (UHCC, Joslin, etc.), submit to Downtown Campus.

**School:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_ **School Contact Information:** \_\_\_\_\_

**Location:**     **Downtown Campus**         **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 (Last, First)	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 <u>negative</u>			COVID Vaccination Date(s) (J&J, P, M, AZ) OR Negative Test Date	Influenza Vaccination Date (August - May)
				Date	Neg. (v)	Date	Result	S&S Neg. (v)		

**For Downtown Campus**, submit to:

Bridget McCarthy, FNP

Email: [mccarthb@upstate.edu](mailto:mccarthb@upstate.edu) Fax: (315) 464-5471

**For Community Campus**, submit to:

Alexandra Freytag

Email: [freytaga@upstate.edu](mailto:freytaga@upstate.edu) Fax: (315) 492-5117

Page 1

## **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**

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; 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 employee attended as a student.

2. **Tuberculosis Surveillance:** Either a tuberculin skin test or FDA approved blood assay for the detection of latent tuberculosis infection, prior to affiliation and no less than every year thereafter for negative findings. Positive findings require documentation of chest x-ray and no signs or symptoms of tuberculosis (fever, night sweats, cough lasting more > 3 weeks, bloody sputum, weight loss, fatigue).

### **Influenza Vaccination:**

Affiliating students and instructors must 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.

Page 2