

ERNEST MARIO SCHOOL OF PHARMACY
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
EXPERIENTIAL ROTATION HEALTH CERTIFICATION

ALL students MUST complete the following health procedures record prior to beginning experiential rotations. The documentation requested may be completed by your personal physician or by the University Health Services.

THE COMPLETED FORM MUST BE RECEIVED BY **May 1, 2007**

PLEASE RETURN FORMS TO:

Marta Kaminska or Dr. Connie Pfeiffer
Ernest Mario School of Pharmacy
Rutgers, The State University of New Jersey
160 Frelinghuysen Road
Piscataway, NJ 08854-8020

Student Name: _____

Student ID#: _____

TUBERCULOSIS: Test must be completed within 3 months prior to completion of this record. PPD two step intermediate skin test required. A chest x-ray is required for students known to be reactive or who have received BCG vaccinations.

DATE of PPD 1: _____ DATE of PPD 2: _____

Results: _____

RUBELLA: Completed course of immunization or rubella titer accepted.

Date of Immunization: _____ OR Rubella titer: _____

MEASLES: All students born after 1956 must show proof of vaccination including physician record of at least 2 inoculations or laboratory evidence of measles immunity.

Date of initial immunization: _____ Date of second immunization: _____

OR Measles Titer: _____

TETANUS: Completed course of immunization with booster within past 10 years.

Date of immunization/booster: _____

VARICELLA TITER IS REQUIRED To identify status of past varicella infection (i.e., chicken pox, TITER herpes zoster). If negative, must complete vaccination a minimum of 2 weeks prior to rotations.

VARICELLA TITER: _____

DATE of IMMUNIZATION: _____

HEPATITIS: Many facilities require employees and students to comply with the 1992 Occupational Safety and Health Administration (OSHA) Standard on Bloodborne Pathogens. This standard refers to the risk of pathogenic microorganisms that are present in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). As part of its exposure control plan, some institutions may require proof of HBV immunization or a signed document that an individual (employee or student) has declined HBV vaccination.

Vaccination for hepatitis B virus (HBV) is now commonly completed as part of the routine childhood vaccination procedures in the United States. Please discuss the risks versus benefits to HBV vaccination with your physician or Student Health Service employees. A copy of a representative statement of declination of HBV vaccination is given below for your review.

1st dose _____ 2nd dose _____ 3rd dose _____
(Date) (Date) (Date)

OR

Example:
STATEMENT OF DECLINATION OF HBV VACCINATION

“I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.”

SIGNED: _____ Date: _____

A complete physical exam documenting that the student has no health issues that would preclude completion of rotations is required. PHYSICAL EXAM MUST BE COMPLETED WITHIN 6 MONTHS OF START OF ROTATIONS.

DATE of PHYSICAL EXAM: _____
Signature of Physician certifying student ability to begin rotations: _____

PHYSICIAN CERTIFICATION OF ATTACHED DOCUMENTATION

Signature: _____

Date: _____

PRINT Name: _____

Address: _____

Phone: _____