COLLEGE OF MEDICINE
THE UNIVERSITY OF TOLEDO

CONFIDENTIAL THE UNIVERSITY OF TOLEDO DOCUMENT
Health Requirements for Resident/Fellow

It is the policy of The University of Toledo to ensure learners meet the appropriate health requirements as determined by Employee Health prior to placement in University of Toledo Medical Center and affiliated sites. Please review and complete as instructed:

TO BE COMPLETED BY RESIDENT/FELLOW

Name: _____ Email: _____

Phone #: _____ Name/# of Emergency Contact: _____

Residency/Fellowship Program: _____ PGY Level:__.

Records Release: (Please read and sign). I understand and agree that the health information in this document may be used for verification of health requirements during my program of study. Documentation of annual tuberculosis screening and vaccine titer results may also be used for educational, accreditation and training purposes. The necessary uses may include demonstrating compliance with health requirement for residency experiences.

Signature: _____ *Date:* _____.

REQUIRED PROOF OF IMMUNITY (MUST ATTACH LAB REPORT(S) FROM YOUR HEALTHCARE PROVIDER/SCHOOL)

VACCINE	POSITIVE TITER DATE	IF NON-IMMUNE, DATE OF RE-IMMUNIZATION
Rubella	_____	_____
Rubeola	_____	_____
Mumps	_____	_____
Varicella	_____	_____
(Hep B)	_____	

and
Hepatitis B (Three-dose immunization dates) _____ _____ _____
OR (Hep B) ❑Attach a Declination Statement completed by resident/fellow
Respirator Clearance Questionnaire Date: _____

TB Skin Test (Must be within 1 year of last day of assignment)
Initial 2-step PPD: Date #1: _____ Result: _____ mm
Date #2: _____ Result: _____ mm
Most recent PPD test date: _____ Result: _____ mm

OR (TB) ❑ For persons with a TB skin test reaction >10mm or positive QFT, attach documentation confirming completion of treatment by physician with appropriate therapy for 6-12 months. Include copy of report, x-ray within past 12 months.

OR QFT Result Date:_____

Tetanus/Diphtheria Last Tdap date: _____ (within the last 10 years)

Influenza Vaccine Date:_____

MUST BE COMPLETED BY A REPRESENTATIVE OF THE UNIVERSITY OF TOLEDO.

Attestation: I certify that this information is correct and on file at the Institution.

_____ _____
Signature Typed/Printed Name/Title/Dept Date

Take this form and required documentation to your scheduled appointment at the Family Medicine Health Center