



Rotator Immunization Attestation

Rotator Name: _____

Sponsoring Academic Facility: _____

Rotation/Program Name: _____

I attest that the above referenced rotator/on-site clinical evaluator has completed all requirements listed below and the results are acceptable according to the contractual agreement between the sponsoring institution and University Hospital:

- A physician examination within the past 12 months;
- Documentation of annual TB tests within the last year (if any of the skin test is positive, documentation of the positive test must be provided, along with a report of a chest x-ray taken within the previous three months indicating that the individual does not have TB)
- Measles titer indicating immunity to measles, **OR** proof of two doses of live measles (or MMR) vaccine, at least one month apart, on or after the individuals first birthday; **OR** documentation of a physician-diagnosed case of measles (if after 1956); rubella titer indicating immunity, **OR** if individual is not immune, proof of two doses of live rubella (or MMR) vaccine, at least one month apart, on or after an individual’s first birthday;
- Mumps titer indicating immunity to mumps, **OR** proof of two doses of live mumps (or MMR) vaccine, at least one month apart, on or after the individuals first birthday, **OR** documentation of a physician-diagnosed case of mumps (if born after 1956)
- Varicella titer indicating immunity to varicella, **OR** proof of two doses of varicella vaccine, four to eight weeks apart, **OR** documentation of a physician diagnosed case of varicella
- Rotator/on-site instructor has either:
 - had all three doses of Hepatitis B vaccine;
 - begun the Hepatitis B vaccine process; or
 - provided documentation of immunity to Hepatitis B as demonstrated by a positive Hepatitis Surface antibody

Required

PPD date: _____ if result positive, date of chest x-ray: _____ (*additional documentation must be attached, see above*)

Influenza vaccination date: _____ (*additional documentation required if not applicable*)

The school shall notify the Hospital immediately after it knows or reasonably should know that the rotator or on-site clinical evaluator, if applicable, is no longer in good health while participating in clinical education at UH, so as to preclude that individual from participating in clinical education at UH and the school shall support the hospital in its decision to remove the rotator or on-site clinical evaluator.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Must be signed by either the School’s Occupational Medicine Service representative and/or a private physician.