



HEALTH SCREENING REQUIREMENTS

All students are required to provide proof of health screening before beginning any clinical experience at Connecticut Children's and its affiliated companies. Records for the following should be kept on file in the student's academic institution health office or personal physician's office. A responsible faculty/staff member at the academic institution must sign the form indicating completion of all requirements.

INDIVIDUAL HEALTH RECORDS WILL NOT BE ACCEPTED

Student Name:	
Academic Institution:	
Start Date of Placement:	
End Date of Placement:	
Department Placement:	

Mandatory Requirements	Date Requirement was Met
1. Current history and physical (completed within past 2 years)	
2. Vaccines/Screening	
a. Measles (evidence of 2 vaccines or positive titer)	
b. Rubella (evidence of 1 vaccination or positive titer)	
c. Mumps (proof of 2 mumps vaccines or proof of immunity)	
d. Varicella (physician-documented history of the disease, positive titer, or evidence of 2 vaccines). Personal memory of disease is not acceptable.	
e. TDaP	
f. PPD (within the past two years) or documentation of conversion with health monitoring or treatment/resolution for prophylaxis or active TB disease	
g. During the months of October through the following March, the seasonal Influenza vaccine is mandatory. If unable to receive influenza vaccine, a physician-documented declination form must be submitted.	

To be completed by personal physician or Academic Institution's health office staff member:

I attest to the fact that the above named student has completed the required health information and documentation of such requirements is on file in my office.

Name & Title (print):	
Signature:	
Date:	