



Student / Employee Health Service

**SUNY HEALTH SCIENCE CENTER AT BROOKLYN
HEALTH STATEMENT FOR VISITING STUDENTS**

Completion of this form is required of all students coming to SUNY Health Science Center at Brooklyn for electives. It must be submitted with your application. Please note that immunity to measles, mumps, and rubella is required by New York State Health Code. In addition, as indicated in item 4, education and immunization (or declination) for hepatitis B is required by OSHA.

NAME: _____ SS# _____ DOB: _____
SCHOOL: _____ ELECTIVE OR INTERNSHIP AT SUNY HSC: _____ DATES OF ELECTIVE: _____

TO THE HEALTH PROVIDER:

1. Does this student have any acute or chronic health problems? If yes, please explain.

- a. Is the student currently taking any prescription medications?
- b. Does the student have any special dietary needs? Please specify.
- c. Does the student have any allergies to food or medicine? Please specify.

2. Date of last physical exam (must be no more that 1 year prior to start of elective):

Result of exam:

3. PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS REQUIRED BY NEW YORK STATE LAW. ONE DOSE OF LIVE MUMPS AND RUBELLA VACCINES AFTER FIRST BIRTHDAY, 2 DOSES OF LIVE MEASLES VACCINE AFTER FIRST BIRTHDAY, OR IMMUNE TITERS WILL SATISFY THIS REQUIREMENT.

Measles vaccine: _____ or titer _____
#1 date #2 date

Mumps vaccine _____ or titer _____
date

Rubella vaccine _____ or titer _____
date

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4. FOR ANY STUDENT WORKING WITH BLOOD OR BODY TISSUES OR HAVING DIRECT PATIENT CONTACT THE FOLLOWING INSTRUCTIONS APPLY: In order to comply with Federal OSHA regulations SUNY Health Science Center at Brooklyn requires that you receive education regarding exposure to blood, body fluids and other potentially infectious materials before coming to this medical center. You must also have documentation of three doses of hepatitis B vaccine, positive hepatitis B antibody titer or a signed declination form attached to this health form.

HBsAb _____ Hepatitis B vaccine dates (3 doses required) _____

or Declination Form enclosed _____

5. HISTORY OF VARICELLA? _____ YES _____ NO or TITER _____

VARICELLA VACCINE _____
date #1 _____ date #2 _____

6. TUBERCULIN TEST (If known negative, Mantoux test must be administered within 6 months prior to elective).

Date: _____ Result: _____ mm induration, Manufacturer & Lot # _____

Chest X-ray (required if Mantoux Test positive): _____ Date: _____ Result: _____

7. HEPATITIS A VACCINE (At least one dose is required--2 weeks or more prior to departure)

*N/A for
BRITISH EXCHANGE* _____
dose 1, date _____ dose 2, date _____

8. ADULT TETANUS/DIPHTHERIA (T/d) booster required in past 10 years. _____
date

I certify that the above statements are true.

SIGNATURE OF HEALTH CARE PROVIDER:

STATE & LIC. #:

ADDRESS:

TELEPHONE:

DATE: