

## CROUSE HEALTH

## HEALTH &amp; CRIMINAL BACKGROUND CHECK REQUIREMENTS

(Required for students/interns/observational experiences.)

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School/Facility: \_\_\_\_\_

1. Annual Health Assessment(within one year): Date: \_\_\_\_\_

2. Health Limitations?  Yes  No If yes please explain \_\_\_\_\_3. Covid-19 Vaccine: Pfizer  J&J  Moderna  1<sup>st</sup> Dose \_\_\_\_\_ 2<sup>nd</sup> Dose \_\_\_\_\_ Booster \_\_\_\_\_4. Annual Tuberculin Skin Test (PPD/Mantoux only. Must be within one year) **Tine Test is not acceptable**PPD Date: \_\_\_\_\_ Result:  Positive  Negative Chest X-ray Date (if positive): \_\_\_\_\_  
*IF your PPD Mantoux skin test was positive, a chest X-ray report with results must be submitted with this form.*5. Rubella (German Measles): Must have **ONE** of the following:Date of 1<sup>st</sup> live virus vaccine (After 12 months of age) \_\_\_\_\_ **OR** Date of Rubella titer: \_\_\_\_\_ Results: \_\_\_\_\_6. Rubeola (measles) Persons born prior to January 1, 1957 are exempt from the rubeola requirement. Must have **ONE** of the following:Date of 2 live Rubeola Vaccine Immunizations 1. \_\_\_\_\_ 2. \_\_\_\_\_ **OR**

Date of Rubeola titer: \_\_\_\_\_ Results \_\_\_\_\_

7. Varicella (Chicken Pox) History of the disease:  Yes  No If no, vaccine date(s) \_\_\_\_\_

8. Mumps: Date of Titer: \_\_\_\_\_ Results: \_\_\_\_\_

**For individuals who are will be at Crouse for Observation or Shadow only experience proof of two MMR's is required.**

Date of Immunizations: 1. \_\_\_\_\_ 2. \_\_\_\_\_

9. Seasonal flu vaccine (required Nov 1<sup>st</sup> – May 31<sup>st</sup>) Date: \_\_\_\_\_

Provider's Signature

Provider's Name

Phone #

10. Mandatory criminal background check:  Completed by school & uploaded to Student Portal. Date: \_\_\_\_\_ I will request background check via Crouse Student Portal. Date: \_\_\_\_\_

## RECEIPT OF ORIENTATION MANUAL ACKNOWLEDGMENT OF MANUAL RECEIPT

I hereby acknowledge that I have received the Crouse Hospital Orientation Manual. I have read the enclosed information and understand its content and my responsibility. I also understand that it is my responsibility to ask questions if I have any concerns while in Crouse Hospital. Any questions regarding this information have been answered.

Observational/Clinical/Intern Experience (with whom): \_\_\_\_\_

Dates you expect to be in the hospital: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this signed authorization form via <https://studentforms.crouse.org/>**