

2014-2015 HEALTH AND SAFETY AGREEMENT
UNIVERSITY OF NORTH CAROLINA - SCHOOL OF MEDICINE

I agree to fulfill the health and safety requirements listed below and to provide documentation thereof to Bernice Mayo, located in the Office of Student Affairs. I will comply with any requirements that may be subsequently prescribed by the University of North Carolina.

ANNUAL REQUIREMENTS

TB SCREENING: I will provide (2) two-step Tuberculosis Skin Test (TST) or a Quantiferon TB Gold Test. If you have a history of positive TST's, you will need to be evaluated at UNC's Campus Health when you arrive in Chapel Hill or provide documentation of a chest x-ray and any other medications required and clearance from my physician. The TST's or Quantiferon blood test will need to be **done after March 1, 2014.**

FLU VACCINE: I will provide documentation of receiving the Flu Vaccine **or** proof of medical or religious exemption *after* matriculation.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) TRAINING: I will complete the online OSHA training, fill out the medical evaluation form and attend the fit-testing session as prescribed by OSHA.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING: I will complete the online HIPAA training.

DISABILITY INSURANCE: I will purchase the school's designated Disability Insurance Policy.

HEALTH INSURANCE: I will purchase and maintain a comprehensive Health Insurance Policy for the duration of my registration, and I will not cancel this policy unless I can provide proof of coverage to Campus Health Services under an alternate acceptable policy.

IMMUNIZATIONS

MEASLES: I will provide proof (**month/day/year**) that I have been vaccinated with **TWO** doses of *live* virus measles (rubeola) vaccine administered at least 28 days apart on or after my first birthday, or documentation of physician diagnosed measles, or serologic[§] evidence of measles immunity.

MUMPS: I will provide proof (**month/day/year**) that I have been vaccinated with *live* virus mumps vaccine administered on or after my first birthday, or serologic[§] evidence of mumps immunity. Students born before January 1, 1957 are exempt unless an outbreak occurs.

RUBELLA: I will provide proof (**month/day/year**) that I have been vaccinated with rubella vaccine administered on or after my first birthday or serologic[§] evidence of rubella immunity.

DIPHTHERIA, TETANUS, PERTUSSIS: I will provide proof (month/day/year) that I have three total immunizations, one being within the last 10 years. Tdap is now a requirement of UNC hospital. Having a Tdap will satisfy the state requirement.

HEPATITIS B: I will provide **quantitative** serologic[§] evidence of hepatitis B immunity, upon matriculation or after I have been vaccinated with a hepatitis B series (**month/day/year**) administered within current CDC guidelines during my first year of education. (Students who matriculated before 1998 are exempt from the serologic evidence requirement.)

VARICELLA: I will provide serologic[§] evidence of varicella immunity **or** two dates (month/day/year) of immunizations done 30 – 45 days apart.

I understand the consequences for non-compliance as set forth in the Policy and Procedure for Placing Medical Students on Administrative Leave of Absence. An Administrative Leave of Absence may delay my graduation and/or lead to my dismissal from medical school.

Name (please PRINT): _____

Signed: _____ Date: _____

[§] CDC recommends a surface antibody titer as serologic evidence.
MMWR Recommendations & Reports
Dec 26, 1997 Vol 46 (RR-18); May 22, 1998 Vol 47 (RR-8)