First/Middle/Last Name:  

Telephone:  

e-mail:  

Dates of Experience:  

DUHS Sponsor:  

DUHS Division Manager:  

Assigned Duke Location:  

- [ ] Duke University Hospital  
- [ ] Duke/PDC Clinics  
- [ ] Duke HomeCare & Hospice  
- [ ] Duke Regional Hospital  
- [ ] Duke Health Raleigh Hospital  
- [ ] Other  

Date completed:  

Forms & Trainings:  

Visiting Observer Agreement signed  
DUHS Confidentiality Statement signed  
Visiting Observer Background Check Attestation completed  
DUHS TB Attestation Form completed  
HIPAA Privacy & Security Training reviewed  
Response in an Emergency information reviewed  

Immunizations: refer to DUHS Immunization Requirements  

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>lab evidence of immunity, physician-diagnosed disease, or 2 doses measles-containing-vaccine</td>
</tr>
<tr>
<td>Mumps</td>
<td>lab evidence of immunity, physician-diagnosed disease, or 1 dose mumps-containing-vaccine</td>
</tr>
<tr>
<td>Rubella</td>
<td>lab evidence of rubella immunity, or one dose live rubella vaccine</td>
</tr>
<tr>
<td>Varicella</td>
<td>lab evidence of varicella immunity, or 2 doses varicella vaccine</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Tdap required if in clinical areas w/ children &lt; 18 mos. of age</td>
</tr>
<tr>
<td>Polio</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>required annually, once vaccine is available in September</td>
</tr>
<tr>
<td>TB test</td>
<td></td>
</tr>
</tbody>
</table>

All original verifications & records must be available upon request of DUHS.

Name of individual attesting to accuracy of all information provided here:
Duke University Health System
Tuberculosis Evaluation Attestation

In an effort to aid in controlling health and safety factors involving patient care Duke Employee Occupational Health has implemented a mandatory screening policy and procedure to attest to tuberculosis screening.

Please complete this attestation and reserve for your files.

Attestation for TB Skin Testing

Yes ☐ No ☐ I attest that I have had a TB skin test within the last twelve months and the results have been negative.

Yes ☐ No ☐ I attest that I have had a TB skin test that was positive, followed by a negative Chest x-ray, and I have no symptoms of active disease.

Yes ☐ No ☐ I attest that I have had a PPD conversion; I have been found to be noninfectious and currently am being treated for TB. I have attached the applicable documentation.

Yes ☐ No ☐ I have been exposed to an active case of tuberculosis since my last annual TB test and attest that I have been retested and found negative.

Yes ☐ No ☐ Since my last annual TB test I have traveled to a foreign country where tuberculosis is endemic and attest that I have been retested and found negative.

I attest that I have accurately and truthfully answered the above questions related to TB exposure & testing.

Signed: ____________________________________________

Name: ________________________________  Date: ________________
1. Have you ever been convicted of any offenses other than a moving traffic violation?
   - [ ] No
   - [ ] Yes: Explain nature of crime, date, & place. State whether the crime was a felony, misdemeanor, federal offense or state offense. An example of a common misdemeanor is a “worthless check”. Include any pending court or trial dates.

<table>
<thead>
<tr>
<th>Date</th>
<th>Offense</th>
<th>Location: City/State</th>
<th>Misdemeanor?</th>
<th>Felony?</th>
<th>Federal?</th>
<th>State?</th>
</tr>
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</tbody>
</table>

2. With respect to billing for, or delivery of health care services, have you ever been investigated by, charged with, or listed by a federal or state agency as excluded, debarred, suspended, or otherwise ineligible to participate in federal or state programs, including Medicare & Medicaid, or do you have any current reason to believe that you may be so listed in the future on the Department of Health & Human Services Office of the Inspector General (HHS OIG) List of Excluded Individuals or the System for Award Management (SAM) consolidated exclusion records?
   - [ ] No
   - [ ] Yes: Describe the nature of the sanction, including the name of the investigating agency, date, nature of charges, and disposition.

<table>
<thead>
<tr>
<th>Date</th>
<th>Charge</th>
<th>Sanction</th>
<th>Investigating Agency</th>
<th>Disposition</th>
</tr>
</thead>
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</table>

I attest that I have accurately and truthfully answered the above questions related to my background.

Signed: ________________________________

Name: ________________________________ Date: _______________