

2020-2021 HEALTH AND SAFETY AGREEMENT
UNIVERSITY OF NORTH CAROLINA - SCHOOL OF MEDICINE
MEDICAL STUDENTS IN YEARS 2 - 4

I agree to fulfill the health and safety requirements listed below and to provide documentation thereof to the MyRecordTracker system within Certiphi. I will comply with any requirements that I have not yet completed from previous years and any requirements that may be subsequently prescribed by the University of North Carolina.

ANNUAL REQUIREMENTS

TB SCREENING: I will provide proof of a Tuberculosis Skin Test (TST) or blood test done after March 1, 2020 and within 12 months of my previous TST on file. If I have a non-negative result to the test, I will report to Campus Health Services for follow up and provide to the MyRecordTracker system within Certiphi a copy of a completed TST Evaluation document.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) and HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). I will complete the OSHA Bloodborne Pathogen Training Session, the OSHA Airborne Pathogen (TB) Training Session and the HIPAA training online. I will return the provided documentation as verification of completion.

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 the Office of Student Affairs under an alternate acceptable policy.

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: _____

Medical School Year in the 2020-2021 Academic Year (circle one): 2 3 4