

**DUKE UNIVERSITY HEALTH SYSTEM VISITING OBSERVER CHECKLIST**

-to be filed by the DUHS Sponsor-

| | |
|---|---|
| First/Middle/Last Name: | |
| Telephone: | |
| e-mail: | |
| Dates of Experience: | |
| DUHS Sponsor: | |
| DUHS Division Manager: | |
| | Assigned Duke Location: |
| <input type="checkbox"/> | Duke University Hospital |
| <input type="checkbox"/> | Duke/PDC Clinics |
| <input type="checkbox"/> | Duke HomeCare & Hospice |
| <input type="checkbox"/> | Duke Regional Hospital |
| <input type="checkbox"/> | Duke Health Raleigh Hospital |
| <input type="checkbox"/> | 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 |
| Date completed: | Immunizations: refer to DUHS Immunization Requirements |
| | Measles- lab evidence of immunity, physician-diagnosed disease, or 2 doses measles-containing-vaccine |
| | Mumps- lab evidence of immunity, physician-diagnosed disease, or 1 dose mumps-containing-vaccine |
| | Rubella- lab evidence of rubella immunity, or one dose live rubella vaccine |
| | Varicella- lab evidence of varicella immunity, or 2 doses varicella vaccine |
| | Pertussis- Tdap required if in clinical areas w/ children < 18 mos. of age |
| | Polio |
| | Influenza – required annually, once vaccine is available in September |
| | TB test |
| 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:** _____

DUKE UNIVERSITY HEALTH SYSTEM
Visiting Observer Background Check

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.

| Date | Offense | Location: City/State | Misdemeanor? Felony? | Federal? State? |
|------|---------|-------------------------|-------------------------|--------------------|
| | | | | |

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.

| Date | Charge | Sanction | Investigating Agency | Disposition |
|------|--------|----------|-------------------------|-------------|
| | | | | |

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

Signed: _____

Name: _____ **Date:** _____