

2020-2021 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 Certiphi. 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 Tests (TST) or a blood test – IGRA, T-Spot or QFT- Gold. 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 and provide documentation of a chest x-ray and any other medications required and clearance from my physician.

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.

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. The requirement for a second dose does not apply to individuals who entered school, college or university for the first time before July 1, 1994. Individuals born before 1957 are not required to receive measles vaccine except in measles outbreak situations.

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. **History of the disease is NOT acceptable.**

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)