

Wyckoff Heights Medical Center

UNDERGRADUATE MEDICAL EDUCATION

CLERKSHIP CREDENTIALS

- A copy of at least one of the items listed (please check below)
 - DMV issued driver's license State-issued ID Valid Passport Other Government ID
- Personal Medical Insurance
- Copy of USMLE Step 1/COMLEX Scores: Pass Date: _____
 - Expected Graduation Date: (Month/Year) _____ / _____
- Curriculum Vitae (CV)
- A copy of HIPAA & Infection Control Certification
- Proof of ACLS & BLS
- Medical Liability/Malpractice Insurance Certificate
- NYSED letter must be submitted – not required for U.S. medical schools
(*NYS application letter will NOT be accepted*)
- Completed Medical Student Information Form

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HEALTH INFORMATION

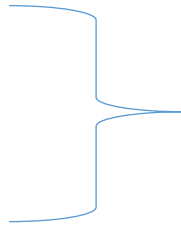
- QuantiFERON (annually, if negative no further testing) OR
If INDETERMINATE or POSITIVE - need CXR

(-) PPD (Hardness <10mm within 1 year - no further testing required.

(+) PPD - Needs negative CXR within 2 years

(+) QuantiFERON and (+) CXR - Treatment must be initiated by Infectious Diseases or PCP who will also determine employee's ability to work

- Measles (Rubeola
- Mumps
- Rubella
- Varicella



Numerical titer levels (must be in range and resulted within past 5 years)

If results are low or equivocal, need to receive 1 dose booster Varivax or MMR

Varivax titers must be rechecked in minimum 1 week. MMR titers must be rechecked in minimum 2 weeks. (will need copy of updated titer results). If one dose does not confer immunity, a 2nd booster dose will be needed (no earlier than 28 days from 1st booster). Updated titer levels after 2nd booster are required

Minor part of population is a non-converter or fails to maintain antibodies for MMR/V. In such instance, an MD note stating such is required to give work clearance and increased precautions must be maintained accordingly.

- COVID-19 Vaccine + Booster Documentation
- 10 Panel Drug Screening (must be less than 1 year old)
- Hepatitis B (not necessary to receive vaccine)
- Seasonal Flu Vaccination (option to decline)
- Tetanus, Diphtheria, Pertussis (TDaP) (optional)
- Meningococcal (optional)
- U.S. Background Check (must be less than 1 year old)

**** LAB REPORTS MUST BE ATTACHED ****