

Wyckoff Heights Medical Center

Graduate Medical Education

REQUIREMENTS FOR MEDICAL CLEARANCE

Dear Medical School Coordinators/Students,

NOTE: As a reminder it is the policy of WHMC that no student is allowed to begin rotation without being in compliance with New York State Requirements.

All new student documents for clearance must be received via pdf attachments six weeks prior to rotation's beginning. Incomplete packets are no longer accepted for medical student's clearance.

Documents received will be submitted for review and clearance by the Employee Health Services (EHS). Packets must include all required documents listed below.

All new student files received must be accompanied with all required documents, and 100% cleared no later than two weeks prior to the beginning of their rotations.

Failure to provide completed files may result in cancellation of student's rotation.

* WHMC Completed Student Information Form (Must be included in each student's package received for clearance, see attached)

* Student Required Medical Records

* Personal Medical Insurance & Copy of ID Photo (Must be included in package)

* Copy of STEP 1/COMLEX Scores, ACLS/BLS proof & CV (Must be included in package)

* Medical Liability / Malpractice Insurance Certificate (Must be included in package)

* NYSED Letter. (Does not apply to students from US Medical Schools)

* Form and NYSED letter must be included in packages submitted for clearance

NOTE: All schools must adhere to the processing of students scheduled for rotation at Wyckoff Heights Medical Center.

Health Requirements are as follows:

1 - Mumps/ Measles/ Rubeola/ Rubella/ Varicella - Titers vaccination record (Report must also include titer levels)

2 - Hepatitis B – Titers / Vaccination Records

3 – PPD

4 – CXR - If PPD pos(+)

5 – Physical Health Assessment

6 - Annual Drug Screening (Must be included in package for clearance)

7 – Seasonal Influenza Vaccine Proof needed from September 1st of the current year – March 31st of the following year (Must be included in package for clearance)

8 – NYSED Letter (Copy of New York State Letter Application is Not Acceptable)

9 - Back ground Check (Must be included with package for clearance)

Thank You for your Cooperation

Celeen Rodriguez

Student Coordinator

718-963-6289

718-963-6705 Fax

crodriguez@wyckoffhospital.org

Revised 8/28/18