

Date _____

Volunteer Applicant Name _____

✓

Please note the required tasks listed below must be completed no later than one month from the date listed above.

<u>Required Documents to be Submitted to the Department of Volunteer Services</u>	
✓	Signed Application with Personal Contact Info and In Case of an Emergency Person's Contact Info
✓	Copy of Government ID with Picture and Date of Birth
✓	Copy of Working Paper, If Under 18
✓	Two Current Signed Reference Letters with Contact Information
✓	Accreditation & Certification, such as unofficial copy of school transcript and/or copy diploma <i>Determined by Director of Volunteer Services</i>
✓	Up to Date Medical Clearance <i>Flu Shot is required during flu season</i>
Once You Have Obtained All the Required Documents Checked Above, Please Contact the Department of Volunteer Services to Schedule Your Orientation at (718) 883-2280	
Date	Hospital Orientation

At which Facility/Business Unit do you wish to volunteer? _____

Applicant Information

Full Name:			Date: ____ / ____ / ____		
<i>Last</i>	<i>First</i>	<i>Middle</i>			
Name(s) previously used _____					
Current Address:					
Street Address				Apartment/Unit #	
City		State		ZIP Code	
<i>If you have resided at your present address listed above for less than three years, indicate your previous address(es) below:</i>					
Date of Birth: _____			Social Security #: _____		
Phone Number: _____			Email Address: _____		
Emergency Contact: Name, Relationship and Contact Information: _____					

Employment Information

(Please submit a copy of your resume with your prior work and/or volunteer experience)

If currently or previously employed with NYC Health + Hospitals, please provide your:

Current or Former Title: _____

EMPID Number: _____	Username: _____		
Are you related in any way to an officer(s) or employee(s) of NYC Health + Hospitals?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please provide the name, relationship, facility, department and title:

Present or Last Employer/Volunteer Position

Name of Employer:	Title:	Dates of Employment:
Address of Employer:		
Name and Title of Supervisor:		Reason for Leaving:
Brief Description of Duties and Responsibilities:		

Education

Highest Degree Received/In Process	High School <input type="checkbox"/>	Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/>	Doctorate or Above <input type="checkbox"/>
Name of School: _____				

Special Skills/Languages			
(Please list the name(s) of the computer programs/software you are comfortable using (e.g., MS Excel, PowerPoint, Outlook) and the languages you speak, other than English. Please rate your level of proficiency as beginner, intermediate or advanced.)			
Name(s) of Computer Programs	Level of Proficiency	Language	Level of Proficiency

Excluded Provider List Certification

1. Have you ever or do you currently appear on the:

U.S. Department of Health & Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals or Entities (LEIE)?
 YES NO If yes, please explain:

NYS Office of Medicaid Inspector General (OMIG) List of Restricted, Terminated or Excluded Individuals or Entities?
 YES NO If yes, please explain:

U.S. General Services Administration (GSA) System for Award Management (SAM) Excluded Parties List?
 YES NO If yes, please explain:

Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List (SDN) or any other sanction list in the US Treasury Department's Consolidated Sanctions List?
 YES NO If yes, please explain:

2. Have you ever, or do you currently appear on a Medicaid List of excluded individuals or entities in any state or U.S. territory?
 YES NO If yes, please explain:

Certification and Signature

I understand and attest that:

If I am offered a Volunteer or Unpaid Student Intern position **with** NYC Health + Hospitals there is absolutely no expectation that I will receive compensation of any kind for my services or that my position will lead to paid employment with the System.

If I am offered a Volunteer or Unpaid Student Intern position, I agree to comply with the policies, rules, regulation and procedures of NYC Health + Hospitals.

I hereby certify that all facts set forth above are true, complete, and correct to the best of my knowledge. I understand that if I am offered a Volunteer or Unpaid Student Internship position all information may be subject to investigation and that false information will be grounds for denying or ending my assignment with NYC Health + Hospitals.

Signature: _____ **Date:** _____

If you are under 18 years of age, your parent or legal guardian must sign your application in order for it to be considered complete.

Name of Parent/ Legal Guardian: _____ **Signature:** _____ **Date:** _____

Assignment Information (Completed by Human Resources)

Work Location:	Work Number: () -
Supervisor:	Start Date:
EMPID:	H+H Email:
ID Received On:	Expires On:

TERMS AND CONDITIONS OF APPOINTMENT AND EMPLOYMENT

I, _____ hereby accept my appointment with NYC Health + Hospitals and understand that I am
(PRINT NAME)
subject to the following terms and conditions:

1. I understand that my appointment is subject to my being cleared for employment by NYC Health + Hospitals, which will include a background investigation and a medical assessment, which may include screening for the presence of drugs or alcohol. I may also be subject to a physical examinations/assessments or other qualifying evaluations, as may be required for the position during my employment.
2. I understand that any misrepresentation or omission of material fact on my employment application or any other documents submitted in connection with my appointment may result in my dismissal. I hereby declare that all answers that I provide are truthful and accurate to the best of my knowledge.
3. I hereby authorize NYC Health + Hospitals to commence its background investigation to determine my suitability for employment and give them permission to secure all necessary personal data from governmental and private sources. I also agree to cooperate in all phases of the background process. Furthermore, I understand that as part of my background investigation, I may be required to undergo a State and Federal criminal history electronic fingerprint/background check through NYC Health + Hospitals. Any finding will **not** automatically bar me from employment. I understand that if I am required to be fingerprinted by NYC Health + Hospitals, the fingerprint fee will be paid on my behalf by NYC Health + Hospitals. However, should my position require that I be fingerprinted by an agency of the City of New York, not NYC Health + Hospitals, I will be required to pay any associated fingerprint fees directly to that agency (e.g., Dept. of Citywide Admin. Services, Dept. of Investigations, etc.).
4. I understand that in the event that I am ever arrested, or convicted after my employment begins, I am required to report the arrest or conviction to Human Resources at my facility within 24 hours.
5. I understand that work hours are subject to change and I may be required to work evenings, nights and/or weekends and holidays. Work tours/schedules will be established by the Department Head or designee and may be changed at their discretion with reasonable notice. Facilities are open 24 hours/day, 7 days/week and I understand that I may be subject to rotating shifts and days, as needed.
6. If my position requires a valid license, certification or permit, I must obtain and maintain such credential(s) on my own time. As a condition of employment with NYC Health + Hospitals, all clinicians must continuously comply with the Medical Staff Bylaws and related policies of their assigned facility in regard to appointment and maintaining privileges to the extent applicable. I agree to notify Human Resources immediately if my professional license becomes restricted, revoked, suspended or subject to investigation. Furthermore, I understand that if I am hired under a limited permit and fail to obtain my license within one year of appointment my employment will be terminated.
7. If my position requires completion of a training program (whether at the time of employment or thereafter), I must successfully complete that training program and any required periodic training.
8. I understand that my attendance at New Employee Orientation programs is mandatory.
9. If my position is funded by an external agency or grant, I understand and agree that I may be released from employment upon the expiration, reduction or cancellation of the funding source.
10. I understand that if I am appointed on a provisional basis, I serve at the pleasure of the appointing officer and acquire no tenure or vested rights to a position, subject to applicable review procedures. I understand I may be terminated at any time, with or without cause, or may be separated from service in accordance with applicable NYC Health + Hospitals Procedures and Collective Bargaining Agreement pertaining to provisional appointments.
11. If I am being appointed from a NYC Health + Hospitals eligible list or to a non-competitive title, I understand that my appointment is subject to a probationary period as provided by the collective bargaining agreement pertaining to my applicable title in accordance with the rules and regulations of NYC Health + Hospitals.
12. I understand that any claim for veterans' preference credits, which I may have made in connection with my appointment from a NYC Health + Hospitals eligible list is conditionally granted subject to verification of my eligibility for veterans' preference credits.
13. I also understand that membership in New York City Employee Retirement System (NYCERS) is mandatory for all Group 12 employees who are appointed and have completed six months in a permanent position in the competitive or labor class. Permanent employees may voluntarily join NYCERS during the first six months of employment. If you do not voluntarily join, membership will automatically be established after six months have lapsed.
 - Non-permanent employees (provisional, hourly, per diem) and managerial employees (Group 11) may join NYCERS; they will not be automatically enrolled after six months. As long as such employees are on the payroll of NYC Health + Hospitals and file a membership application with NYCERS, membership can be established.
 - Furthermore, I understand that if I currently receive a pension from the New York City Employee Retirement System (NYCERS) or the public service of New York State or any political subdivision thereof, my employment with NYC Health + Hospitals requires prior written approval from the Corporate Officer responsible for Human Resources, in accordance with Operating Procedure 20-22, Employment of Public Service Retirees, which may be found on the Employee Resources Center website under Employee at <https://ess.nychhc.org/forms.html>.
14. I understand that if I am filling a Managerial (Group 11) position, I am not represented by any collective bargaining unit.
15. I understand that if appointed to a Managerial (Group 11) position, I am not permitted to concurrently serve as an officer of any political party, or serve as a member of any political party committee, including political party district leader (however designated).
16. I understand that I must provide proof of my eligibility to work in the United States. I understand that failure to maintain authorization for employment will lead to being placed on leave without pay or termination.
17. I understand that if my position requires that I sign the NYS Justice Center Code of Conduct for Custodians of People with Special Needs, I must sign a new Code of Conduct annually or as otherwise required by the NYS Justice Center.

TERMS AND CONDITIONS OF APPOINTMENT AND EMPLOYMENT (Continued)

18. I understand and agree that in the performance of my duties as an employee, I must hold medical information and other information regarding a patient and/or employee in confidence, regardless of the form the information is presented in. Accessing confidential data is to be undertaken solely in the performance of authorized assignments as specified and directed by my superior. I also understand the use of this data for other than official health system business is expressly prohibited and will result in disciplinary action up to and including termination. Furthermore, I understand that should I separate my employment with NYC Health + Hospitals, I am prohibited from disclosing any pre-determined NYC Health + Hospitals System information, recognized as confidential and proprietary, consistent with federal, state and local law.
19. I understand that I am required to complete mandatory training and education provided by the Office of Corporate Compliance, including Compliance and HIPAA Privacy & Security Training within 30 days after my start date. Training must be completed prior to me being granted access to any computer, electronic or any other information or records systems that creates, maintains, processes or transmits patient protected health information or other sensitive and confidential information, or before being granted access to any records which contain protected health information or other sensitive and confidential information. I understand that failure to complete this mandatory training or any additional training assigned to me by the Office of Corporate Compliance may result in disciplinary action, including and not limited to the termination of my employment.
20. I agree to notify NYC Health + Hospitals Office of Corporate Compliance (OCC) in writing (e-mail: compliance@nychhc.org) within five (5) business days if I have been excluded from participating in any Federal health care program including, but not limited to, Medicare and Medicaid, or if I am subject to any investigation which could lead to such exclusion. I also agree to notify the OCC if I become aware that my name is present on the Office of Foreign Assets Control ("OFAC") list, the Designated Nationals Sanction List, the Social Security Administration's Death Master File ("SSDMF") or any other sanction list in the U.S. Treasury Department's Consolidated Sanctions List, or have an inactive National Provider Identifier ("NPI") listed on the Center for Medicare and Medicaid Services' National Plan and Provider Enumeration System ("NPPES").
21. I understand that I cannot be employed, continue to be employed, or hold a position with NYC Health + Hospitals if I am excluded from participating in any Federal health care program or if I appear on any of the above identified lists.
22. I understand that, as a condition of my continued employment, I must adhere to the NYC Health + Hospitals Principles of Professional Conduct ("POPC") and am subject to Operating Procedure 50-1, Corporate Compliance and Ethics Program, at all times while employed by NYC Health + Hospitals. These documents may be found on the Employee Resources Center website under Employee at <https://ess.nychhc.org/forms.html>.
23. I understand that as an employee of NYC Health + Hospitals, I may not be employed by NYC Health + Hospitals in more than one collectively bargained (Group 12) or managerial (Group 11) position in the health care system at the same time, unless authorized by the Corporate Officer responsible for Human Resources. Nor can I be employed by NYC Health + Hospitals and hold a position in the Classified Service with another governmental agency, including the City of New York, without obtaining approval for Dual Employment from Corporate Human Resources and the head of the other governmental agency.
24. I also acknowledge that, if I am a full-time NYC Health + Hospitals employee, I may not be employed by both NYC Health + Hospitals and a firm that does business with NYC Health + Hospitals (including any affiliate of NYC Health + Hospitals) or the City of New York without a waiver from the NYC Conflicts of Interest Board (COIB). If I am a part-time employee of NYC Health + Hospitals, I may not also be employed by a firm that does business with NYC Health + Hospitals without a waiver from the COIB. I understand that it is my responsibility to determine whether my outside employer does business with NYC Health + Hospitals or the City of New York and, if so, to request a waiver. Instructions on how to apply for a Moonlighting COIB waiver is available on Employee Resources Center website under Employee at <https://ess.nychhc.org/forms.html>.
25. I understand that if appointed to a position with Correctional Health Services (CHS), continued employment with CHS is contingent upon repeated full background screenings, Department of Correction (DOC) clearance (if applicable to my position) and Medical clearance (if applicable to my position). At any time, unsuccessful background screenings and/or revocation of DOC clearance may result in immediate termination.
26. CHS will not continue employment with anyone who will have direct contact with patients who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings.
27. I fully understand CHS has the right to terminate my employment at any time due to unsuccessful background screenings and/or revocation of DOC clearance or Medical clearance.
28. I understand that if my position involves contact with minors receiving services under a NYS Office of Victim Services (OVS) or NYS Division of Criminal Justice Services (DCJS) grant funded program, I will be subject to an additional background check to determine my suitability for appointment and continued assignment, which will be run prior to assignment and every five (5) years thereafter, as applicable to my assignment. The background checks include criminal history search(es), NYS child registry and sex offender registry searches and a search of the Dru Sjodin National Sex Offender Public website. If applicable, child registry and sex offender registry searches will also be conducted in all states I have lived, worked or attended school in the five (5) years preceding my assignment to a position with an OVS or DCJS program or prior to interacting with minors receiving service under one of the programs. I hereby give my consent to NYC Health + Hospitals to perform these checks.
29. I acknowledge that I have received the NYC Health + Hospitals Information Technology Resources Acceptable Use Policy (ITRAUP) and my signature below certifies that I have read and fully understand the contents. In addition, I understand that this policy applies to all IT resource access, current and future, that is issued to me by NYC Health + Hospitals. Finally, I understand that violation of any of the policy statements set forth in this policy may result in disciplinary action up to and including termination. The ITRAUP may be found on the Employee Self Service website under Employee at <https://ess.nychhc.org/forms.html>.

I have read and understood the above terms and conditions of appointment and employment and acknowledge that failure to fulfill any of the applicable terms and conditions above may result in the revocation of my appointment and immediate removal from service or termination.

Candidate/Employee Signature: _____ **Date:** _____

CONVICTION RECORD – VOLUNTEERS/UNPAID STUDENT INTERNS

Please answer Questions 1 and 2 below to disclose any convictions, pending charges or reportable arrests. **If arrested or convicted after your volunteer assignment begins, you are required to report the arrest or conviction to your facility Human Resources Department within 24 hours.**

1. Have you been convicted of a misdemeanor or felony? Answer “NO” if: (a) you have never been convicted of a misdemeanor or felony; (b) the misdemeanor or felony was sealed, expunged, or reversed on appeal; (c) was for a violation, infraction, or other petty offense such as “disorderly conduct;” (d) resulted in a youthful offender or juvenile delinquency finding; or (e) if you withdrew your plea after completing a court program and were not convicted of a misdemeanor or felony. YES NO

*If “YES”, explain each conviction setting forth the date, charge, court and action taken in the boxes below. If you need additional space, use the back of this form. **Please attach a copy of the final disposition for each conviction.** If you are currently on probation or parole, you will need to provide documentation regarding the condition of your probation/parole.*

Date of Arrest	Date of Conviction	Conviction Charge(s) & Sentence/Penalty	Court of Conviction (County, City, etc.)

2. Have you been summoned, arrested or indicted in connection with any criminal matter which is still pending in court? YES NO

If yes, explain each pending matter setting forth the date, charge, court and action taken in the boxes below. If you need additional space, please use the back of this form.

Date of Arrest or Indictment	Charges	Court and Location (County, City, etc.)

CERTIFICATION

I hereby certify that all of the facts set forth above are true, complete and correct to the best of my knowledge and belief. I understand that all information shall be subject to investigation and that false information and/or misrepresentation will be grounds for withdrawal of an assignment or separation from my Volunteer or Unpaid Student Intern assignment.

Signature:	Date:
Print Name:	Last 4 digits of SSN:

This information and any documents received by NYC Health + Hospitals as part of the background criminal record investigation are strictly confidential and shall not be available for copying after inspection, except as expressly provided by law.



**VOLUNTEER / UNPAID STUDENT INTERN
AUTHORIZATION FOR RELEASE OF INFORMATION AND
WAIVER OF PRIVILEGE OF CONFIDENTIALITY**

I, _____, am being considered for a position as a Volunteer or
(Print Name)

Unpaid Student Intern with NYC Health + Hospitals and as a condition of my assignment, consent to a background investigation conducted by NYC Health + Hospitals.

In furtherance of the background investigation, I consent to and authorize the disclosure of all information NYC Health + Hospitals deems relevant to the evaluation of my eligibility to hold a position of public trust. I, therefore, authorize the disclosure of such information to NYC Health + Hospitals, including but not limited to, files and records maintained by former and current employers, hospitals, clinics and the U.S. Veterans Administration, by educational institutions, governmental bodies, professional associations, and by investigative, disciplinary, judicial or grievance bodies.

Furthermore, as may be required under the Privacy Act of 1974, 5 United States Code Section 552a, and the Freedom of Information Act, 5 United States Code Section 552, I hereby give my consent to inquiries concerning me by NYC Health + Hospitals to any Federal agency or public or private entity, and to the disclosure to NYC Health + Hospitals by such Federal agency or public or private entity of any information the agency or entity may have pertaining to me, with the exception of any material which is specifically exempt from disclosure by a Federal statute other than the Privacy Act of 1974 or the Freedom of Information Act.

I waive any privilege of confidentiality with respect to the release of any such information to the NYC Health + Hospitals.

A photocopy of this authorization shall be considered effective and valid, as the original, which shall remain on file at the facility/business unit of the NYC Health + Hospitals, for this and any future reports or updates that may be requested.

Further information may be made available upon written request within a reasonable period of time.

APPLICANT SIGNATURE

DATE

IF APPLICANT IS UNDER 18 YEARS OF AGE:

PARENT/GUARDIAN (PRINT NAME)

PARENT/GUARDIAN (SIGNATURE)

DATE

NEW YORK CORRECTION LAW - ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§750. Definitions.

For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability.

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment.

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

*Effective February 1, 2009, employers must post a copy of the Correction Law relating to the use of prior convictions.

VOLUNTEER PROGRAM DRESS CODE

Volunteers are required to dress appropriately and to follow the established dress code for all Queens Hospital staff.

1. Please wear clothing that is clean, neat and professional. Remember you are working with the public. A business-like appearance presents a positive image to the patients and visitors.
2. You must wear dress slacks/pants. Jeans, shorts, and Capri pants are NOT acceptable. Slacks can be at the ankle or full length. Please do not wear sweatpants, leggings and other spandex pants, or baggy pants.
3. Shirts, knit tops, turtlenecks, sweater, and jackets are acceptable. Do not wear "skimpy" tops, sleeveless tops, tank tops, sport jerseys, or sweatshirts. If wearing something sleeveless, please wear a jacket or sweater over it. Avoid wearing any t-shirt with offensive words, pictures, logos, or slogans - a plain t-shirt only.
4. Dresses and skirts with a comfortable and appropriate length are permitted. Please no visible undergarments.
5. Please wear comfortable shoes like loafers, clogs, boots (below the knee), flats, and dress heels. You can wear open toed shoes and dress sandals. Flip-flops are NEVER acceptable. Solid color sneakers are permitted.
6. Excessive jewelry is not necessary. Fingernails must be neatly manicured and at a reasonable length. Minimal use of perfume/cologne is recommended.
7. Please do not wear caps/hats at your assignment. Wearing sunglasses inside the hospital is not permitted. Walkman, any MP3 player, Bluetooth device, or cell phone may not be used while you are working. There are no personal calls at your assignment.
8. Wear your ID above the waist at all times.

You must follow these guidelines and any other department specific guidelines that may be required at your assignment. We are required to enforce the dress code. You will be sent home for the first violation. Any further violations may require other disciplinary action, including dismissal from the program.

Please practice good customer service skills at all times. You represent our office throughout the hospital. Please show that you care about your appearance, your work, and our patients.

Requirements of Occupational Health Services Clearance

Adults (16 YEARS AND OLDER)

- Current Physical Examination with 1 year
- TB screening via QuantiFERON within 30 days, if unable to obtain, will accept 10 months
- If QuantiFERON is positive, copy of written CXR report, with documentation of any treatment for LTBI
- Forensic drug screening within 6 months of assessment by OHS (9 Panel)
- Serologies or valid vaccination records for the following:
 - Measles IgG
 - Mumps IgG
 - Rubella IgG
 - Varicella IgG
 - Hepatitis B Surface Ab
 - Hepatitis B Surface Ag
 - HIV & Hep C Screening (Recommended)

Measles and Mumps not required for individuals born before January 1957

- Tdap/Td (recommended)
- Influenza (FLU Vaccine) (Recommended)
- COVID Vaccination (Recommended)
- Fit Test with one of the following N95 Respirator:
 - Honeywell DC365
 - 3M 1860
 - 3M 1860 S

.....**COPIES OF ALL TEST & RESULTS**.....