



Please follow the instructions below to complete your clinical clearance:

1

Retrieve and print your Clinical Packet (Incoming Student/PP1)

- Log in to rutgers.medicatconnect.com
- Click on **Uploads** and scroll down to **Documents already on file** to find your most recent completed Immunization Packet

2

Visit your healthcare provider to complete the Annual Clinical Rotation Form

- If you didn't complete the Immunization Packet at enrollment, your healthcare provider must complete it now
- Upload any new vaccines or labs to rutgers.medicatconnect.com

3

Upload both completed forms to CORE ELMS

1. **Immunization Packet**
2. **Annual Clinical Rotation Form**
under EMSOP P1/P2/P3 Health Certification Form



Annual Health Clearance Checklist

- Tuberculosis screening
- Annual flu vaccine
- Annual physical exam
- Tdap booster (every 10 years)



Annual Clinical Rotation Form

**NOTE: the EEO WILL NOT send your personal Health Records to any rotation site(s).
Keep a copy for your own records & share with preceptor(s) if requested.**

Last Name	First Name	DOB (mm/dd/yyyy)
RUID	Email	Cell Phone
		Grad Year

Healthcare provider attestation

I certify, based upon the physical examination that includes health history, that the student is free from any health issue that would preclude or interfere with participation in experiential rotation(s) and found to be free of health issues that would preclude or interfere in participation/completion of assigned experiential rotation(s).

Healthcare provider name (<i>print</i>)	Date of physical exam
NPI	
Healthcare provider name (<i>signature</i>)	Today's date



Review of Hepatitis B Immunity

If you were not immune when you matriculated, please upload all new immunity labs and documents to both portals.

Immune In progress **Most recent Quant. Hep. B Surface Antibody** Date _____ Result _____

Tuberculosis (TB) Screening *(Required regardless of prior BCG vaccination)*

Complete option A or B to fulfill this requirement
If you have received a 2-step PPD within the last calendar year, you only need to complete a 1-step PPD or blood test .

Option A: 2-step PPD

2 PPDs placed 1-3 weeks apart and read 48-72 hours after placement

PPD 1 Placed _____ <i style="text-align: center;">Date</i>	PPD 1 Read _____ <i style="text-align: center;">Date</i>	Induration _____ mm
PPD 2 Placed _____ <i style="text-align: center;">Date</i>	PPD 2 Read _____ <i style="text-align: center;">Date</i>	Induration _____ mm

If either is positive (≥ 10mm), is the student free of TB symptoms? Yes No

If yes, list date of the positive PPD and induration. _____ _____ mm
Date

Was the student treated? Yes No

If yes, for how long was the student treated, and with which medication? _____

If PPD is positive: option B or a chest x-ray must be completed.

Option B: FDA approved blood test

Type: QuantiFERON Gold T-Spot _____ Negative
Date Positive

Chest x-ray result

Only required for a positive PPD or blood test _____ Normal
Date Abnormal
 Report attached

Last Adult Tdap

Dose needed every 10 years _____ *Date*



Healthcare Provider	
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Last name _____ First name _____ DOB (mm/dd/yyyy) _____ RUID number _____

Annual Influenza

List vaccination for the current flu season

_____ Date