

**VIRGINIA MASON MEDICAL CENTER
STUDENT FITNESS FOR DUTY COMPLIANCE CERTIFICATION**

This Certification Form must be submitted to VMMC Workforce Relations a minimum of 10 days prior to the start of assignment. No Student is permitted to commence services or training until VMMC Workforce Relations confirms satisfactory completion of the Fitness for Duty process with the accountable VM Manager and a VM ID badge has been issued.

School certifies that the Student identified below meets all VMMC Fitness for Duty requirements.

Student Name: _____

Contingent Worker Type: (Circle one)

Community Provider / Consultant / Contractor / Health Care Worker / **Student**

Temporary Agency Staff / Vendor / Volunteer / Observer

Student Birthday (mm/dd): ____/____/____ **Gender M/F:** _____

Assignment Start Date (mm/dd/yy): _____ **Assignment End Date (mm/dd/yy):** _____

Student School: _____

School Contact Name & Phone Number: _____

Type of Student: _____

VM Contact Name / Department: Graduate Medical Education - Phone: 206-583-6079

FAX: 206-583-2307

TB / PPD NEG: Date of Last Test POS: Date of Clear Chest, X-ray & Last Symptom Questionnaire	MMR History of Disease or date of Vaccination/Titer	Varicella / Chickenpox History of Disease or date of Vaccination/Titer	Influenza Vaccine Mandatory during flu season as determined by VMMC. Date of vaccination.

Certification: I certify that the above information is true and accurate and may be verified by VMMC upon inspection of records held by School.

VERIFIED BY:

Authorized School Representative (not student):

Name: _____

Signature: _____

Date: _____

To be completed by VMMC Workforce Relations ↓

Professional License # and Expiration Date	Required Certification /Expiration Date	Criminal Background Check Date Completed	Disclosure Statement Attach to this form	General Services Administration Results and Date Check Completed	OIG Excluded Party Results and Date Check Completed

VMMC Workforce Relations:

Name: _____

Date: _____