HEALTH AND SAFETY AGREEMENT FOR FIRST YEAR (M1) FAU MEDICAL STUDENTS 2015-2016

I agree to fulfill and provide documentation of all health and safety requirements listed below. The Mandatory Immunizations Form, Tuberculosis Screening Questionnaire (if applicable), and Mandatory Physical Examination Verification must be submitted to the FAU Immunization Office, SU-80, Room 114, no later than July 17, 2015. All other requirements must be satisfied by providing documentation to the College of Medicine’s Office of Student Affairs (OSA). The OSA will receive written notification from Student Health Services regarding immunization compliance status. If vaccine information or medical testing is incomplete, I agree to comply with any requirements and submit documentation to the FAU Immunization Office as soon as possible. I also agree to comply with all annual and future health requirements that may be subsequently prescribed by the Florida Atlantic University designed to protect my health.

Ongoing requirements:

1. **Measles, Mumps, Rubella (MMR):** I will provide proof that I have completed the MMR vaccination series or proof of serologic evidence of MMR immunity.
2. **Varicella:** I will provide proof that I have been vaccinated with two doses of varicella vaccine done at least 4 weeks apart or proof of serologic evidence of varicella immunity.
3. **Hepatitis B:** I agree to receive at least the first dose prior to Orientation and all three doses no later than January 6, 2015, if the complete series is not documented. Also, I will provide serologic evidence of hepatitis B immunity prior to Orientation or after I have been vaccinated with the complete hepatitis B series administered within current CDC guidelines. I understand that I can submit a waiver for this requirement.
4. **Tdap Vaccine:** I have received one Tdap dose within the past ten years and thereafter I agree to remain current with my tetanus vaccination requirements.
5. **Meningitis:** I agree to receive the one dose of vaccine by July 17, 2015 or submit the appropriate waiver.
6. **TB Screening:** I will receive a two-step Tuberculosis Skin Test (TST) and have it read 48-72 hours later. If the test is negative, I agree to receive another skin test placed one to three weeks later and read 48-72 hours after placement. If I don’t have a personal physician, I agree to be evaluated at the FAU Health Service when I arrive for Orientation. TB screening must be completed by July 17, 2015. Thereafter, I agree to undergo PPD testing annually at the FAU Health Service or by my personal physician.
7. **Influenza Vaccine:** I agree to receive the influenza vaccine annually or submit the appropriate waiver. Influenza vaccination will occur during the early winter.
8. **Mandatory Physical Examination Verification:** I will undergo a physical examination by a physician (MD, DO), ARNP or Physician Assistant and submit the verification form by July 17, 2015.
9. **Environmental Health and Safety Training:** I will complete annual blood-borne pathogen training sessions (OSHA) and provide verification of my compliance to the OSA by July 17, 2015.
10. **CPR Certification:** I agree to become certified in CPR for health providers and renew it as needed. CPR training will be provided during Orientation week.
11. **Disability Insurance:** I will purchase the school’s designated Disability Insurance Policy by July 17, 2015 and agree to renew it annually while enrolled as a medical student at the FAU College of Medicine.
12. **Health Insurance:** I will purchase and maintain a health insurance policy for the duration of my registration that meets the basic minimum requirements. I will not cancel this policy unless I provide proof of coverage to the OSA under an alternate acceptable policy. I will verify this coverage using the “Health Insurance Verification” form and submit to the OSA by July 17, 2015.

I have read and understand the immunization requirement of the FAU College of Medicine. I understand the consequences for non-compliance as described in the FAU College of Medicine Student Handbook which may include being placed on administrative leave of absence and/or inability to participate in clinical education courses until compliance is documented with may delay my graduation and/or lead to my dismissal.

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<th>Student’s printed name</th>
<th>Student’s signature</th>
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Print this form, fill it out and sign it. Make a copy for your records and send the original by **July 17, 2015** to the Office of Student Affairs Bldg 71-Room 145, FAU College of Medicine, 777 Glades Road, Boca Raton, FL 33431, email it to athomas@health.fau.edu or FAX to 561-297-2221