

In support of my application, I attest that I have been offered Hepatitis B vaccination and (check one):

- have accepted and completed the series of Hepatitis B vaccinations
- declined Hepatitis B vaccination and signed the OSHA declination form.
- I am fully able to adhere to standard precautions, when applicable: personal protective equipment, respiratory hygiene/cough etiquette and safe infection practices.
- I do not take prescribed or unprescribed drugs that may impair my cognition, judgment, or physical dexterity in such a way that could pose a hazard to patients.
- I have not traveled to a CDC designated Virus, or infectious diseases outbreak from an affected country in the past 30 days. For a list of affected countries please see the CDC website: <http://wwwnc.cdc.gov/travel/notices>

For this flu season I have (check box):

- received the influenza vaccination.
- declined the influenza vaccination, and by declining the vaccination, I agree to wear a surgical mask in designated areas during the “mask on” period designated by the New York State Commissioner of Health, should the hospital allow this option. I understand that some facilities may not allow me to participate in patient interacts and may not grant me the access to perform any duties that satisfy the course requirements. Because of limited space and availability at some clinical sites, there is a possibility that I will have to withdraw from the class which may affect my sequence should I decline.

I understand that to be a Kingsborough representative at an affiliated site, I must be free of any health Impairment, including habituation or addiction to alcohol or drugs or other behavior altering substances, that could pose a potential risk to patients or impede my ability to perform my duties. I hereby attest that I am free of any such impairment.

Applicant's Signature _____

Date*: ____/____/____

***Date cannot be earlier than 3 months prior to your start date.**