WVU Medicine
WVU Hospitals/University Health Associates

Job Shadowing Program Applicable Health Information

Please list all known allergies/significant medical conditions: _____
_____

Please read the following statements and check the box next to the statement if you agree that the statement is accurate.

The following immunizations are up-to-date for me / my child:

- ☐ Two MMRs (Measles, Mumps & Rubella). Positive antibody levels will also be acceptable.
- ☐ History of Varicella or Varivax (Chicken Pox antibody levels or 2 Chicken Pox Vaccines)
- ☐ Tetanus/Tdap
- ☐ Purified Protein Derivative (PPD) within the last 30 days (Tuberculosis skin test). **Please note:** the TB test has to be within 30 days before your shadow date. Please allow at least four days prior to your shadow date to receive the test. The TB test is read 48 – 72 hours after being administered.
- ☐ Influenza Immunization (Required between October 1 and March 30)

I / my child will only participate in the Job Shadowing Program if free from infectious disease on the day of the program.

_____
Participant's Printed Name

_____ _____
Participant's Signature Date

If under 18 years of age, notarized signature of parent or legal guardian is required.

_____
Parent/Legal Guardian's Printed Name

_____ _____ Parent/Legal
Guardian's Signature Date

STATE OF _____ COUNTY OF _____,

On this day, personally appeared before me
_____, to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this _____ day of _____, _____.

_____
Notary Public in and for the State of _____

My commission expires _____.