

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

School certifies that the Student identified below has complied with all fitness for duty standards as required by Virginia Mason Medical Center. In addition, all students will adhere to any other policies and standards not listed here, which are required by VMMC to ensure quality patient care.

*Student: _____

*School: _____

*VMMC Department: _____

*VMMC Department Contact/Coordinator: _____

*Dates of Assignment: _____

Please indicate N/A if the student is not required to hold a license or certification.

| Type of Licensure and Expiration Date | Type of Certification and Expiration Date | TB Test (Date of Last Test) * | MMR (Date of Verification) * | Chickenpox (Date of Verification) * | Influenza Vaccine – Required only during Flu Season * (Date of Immunization) |
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| | | | | | |

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

Authorized School Representative:

Virginia Mason Medical Center:

*Signature

Reviewed by: _____

*Name – Printed

Date: _____

*School Contact Phone or Email

Date

This Certification Form must be submitted to Virginia Mason Medical Center, Human Resources, Staff and Labor Relations, or other authorized representative of VMMC, before a badge will be issued to the Student and the Student may begin his/her assignment.

NOTE: Items marked with an * must be completed.