

# Health Form for MSOM/Dual Degree students at AIMC

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Contact info:

\_\_\_\_\_  
First Name                      Middle                      Last

\_\_\_\_\_  
Date

\_\_\_\_\_  
City                      State                      ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address while attending school

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
City                      State                      ZIP

\_\_\_\_\_  
email

## Please respond to the following questions:

1. Do you have any health conditions that you think we should be aware of or that we may need to make accommodations for? (circle one and explain if you answered yes)

No    Yes: \_\_\_\_\_

2. Hepatitis B immunization is not required for admission, but documentation of immunization OR a signed waiver is required for all AIMC clinic interns (approx. Term 4). Please circle one of the following and if applicable, attach supporting documentation.

I will submit my Hepatitis B immunization at the start of clinic.

Hepatitis B immunization is **current**

Hepatitis B immunization is **in process**.

I decline the immunization and choose instead to initial the following statement:

## Hepatitis B Vaccination Declination Statement:

*By initialing below, I affirm the following: I understand that due to my potential exposure to blood or other potentially infectious material; I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Nonetheless, I choose to decline HBV vaccination at this time, and understand that by doing so that I continue to be at risk for acquiring HBV, a serious illness. I also understand that I may later choose to become immunized. Initial: \_\_\_\_\_*

3. TB test results no older than one year from the start of clinical training are required for all AIMC clinic interns. Can you provide now?

Yes:  No:  If No, please furnish the clinic department with your TB results from your health provider no later than the first day of clinical training.

All applicants must sign below:

*I certify that all information provided in this form is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documentation of information submitted above. **I recognize that HepB and TB documentation must be submitted to the clinic department no later than the first day of the start of clinical training.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date