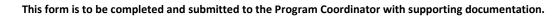
Marshall University Joan C. Edwards School of Medicine/ University Physicians & Surgeons, Inc.

Division of Graduate Medical Education

Pre-Training Documentation & Physical





Name	DOE	3: Prog	ram	
Mandatory Online Training - To be completed and certificate provided to program coordinator verifying documentation.				
Blood Borne Pathogens Training Date Certificate on file				
Hazard Communication Training Date		Certificate on file		
Preventing Sexual Harassment Date		Certificate on file		
ACLS/BLS/ATLS Training (Copy of Certificate(s) attached). If any not applicable, please put N/A.				
ACLS Date BLS Date ATLS Date				
Immunization Record	Completion Date/Dose 1	Date – Dose 2	Date – Dose 3	Results
Hepatitis B Vaccine Series				N/A
MMR Vaccine 2 doses			N/A	N/A
TDaP Booster after 2005		N/A	N/A	N/A
TB Skin Test within the past year (BCG is not a contraindication)		Negative	Positive	
If positive TB Skin Test:		Prophylactic treatment given		
		Date medication started		
Had chickenpox or received Varicella Vaccine	Yes No	Date:		
The below section will be completed at the time of your physical except for your signature. Please bring any medications you are taking to your pre-employment physical.				
N95 Respirator/mask fit- tested		Mask Number/Size		
Physical Completed	Date	Drug Screen Completed	Date	
Verified by				Date
Printed name				
Department of Family Medicine, Occupational Health Resident/Fellow Signature				