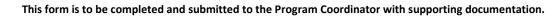
## Marshall University Joan C. Edwards School of Medicine/ University Physicians & Surgeons, Inc.

## 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 Trai	ning 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 (MUSOM Students do not need to complete this section)	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 TB Skin Test within the		N/A	N/A	N/A	
past year (BCG is not a contraindication)		Negative	Positive		
If positive TB Skin Test:		Prophylactic treatment g	iven		
		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 Medi	cine, Occupational Health	Resident/Fell	Resident/Fellow Signature		