Non-Employee Attestation Form and Signature Page
(Completion of this document is required before an ID badge will be issued)

Name: DOB: Date:

Primary Source Verification I attest that I hold a valid WV license, certification or registration as required for the services I will be performing if required by law or regulation. I further attest that a copy of primary source verification can be provided before I initially begin performing services at Cabell Huntington Hospital and primary Source Verification is available before my license, certification or registration expires.	_____ initial
Orientation and Confidentiality Agreement I attest that I have read and understand orientation materials and that my duties and responsibilities to maintain confidentiality as set forth in the Cabell Huntington Hospital Confidentiality Agreement shall remain in effect even after my access to PHI ceases	_____ Initial
Criminal Background Check I attest that I have completed a background check and passed within the last 12 months.	_____
Drug Test I attest that I have taken and passed a 10 panel drug test within the last 12 months.	_____ Initial
Hepatitis B Vaccination ☐ I attest that I have had the Hepatitis B vaccination. ☐ I attest that I have declined the Hepatitis B vaccination. If I have not had the vaccine, I understand that I may take the vaccine at any time.	_____ Initial
Influenza Vaccination I attest that I ☐ have ☐ have not received the influenza vaccination during the most recent influenza season (October to March). If I have not had the vaccine, I understand that I may take the vaccine at any time during the influenza season and I must completed a declination form.	_____ Initial
MMR Vaccination Record I attest that I have had the MMR vaccination and or have been deemed immune.	_____ Initial
Varicella Vaccination Record, ☐ I attest that I have either had the chicken pox during my life or that I have had the Varivax vaccination. ☐ I understand that if I have not had the disease or have not been deemed immune a vaccine is available and that I may take the vaccine at any time.	_____ Initial
Tdap Vaccination Recommended I attest that I ☐ have ☐ have not taken the Tdap vaccine. I understand that if I have not had the disease a vaccine is available and that I may take the vaccine at any time.	_____ Initial
TB Skin Test I attest that I have had a negative TB skin test in the last 12 months Date of test:_____Who Has a Copy of your TB test results? Name:_____Phone / Fax:_	_____ Initial
Physical and Functional Status I attest that I have no physical or mental disabilities that would prevent me from performing services at Cabell Huntington Hospital.	_____ Initial
Color Blind I attest that I ☐ am ☐ am not color blind. If I am color blind I attest that I will not perform activities while at Cabell Huntington Hospital that requires color comprehension	_____ Initial
FIT Test I understand that in order to go into a room where a patient is on airborne precautions I must wear a special N95 respirator mask. I attest that I will not enter that area unless I have been fit tested at Cabell Huntington Hospital.	_____ initial

Release of Information. I authorize the use or disclosure of any health information listed on this page to Cabell Huntington Hospital. I understand that authorizing the use or disclosure of this health information is voluntary but may be a condition being able to perform services or otherwise conduct business with Cabell Huntington Hospital. Unless revoked, this authorization will be effective for no more than two years from the date signed.

_____ _____ _____
Written Name Signature Date

I attest that I have given correct information on this attestation form. I understand that if asked can provide verification of this information. I understand that providing false information will result in me no longer being able to perform services or otherwise conduct business with Cabell Huntington Hospital.

_____ _____ _____
Written Name Signature Date

_____ _____ _____
Department Manager Signature Date