

# Oswego Health

Employee Health Dept.  
315-349-5513 or Wellness@oswegohealth.org

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

New Visions

High School: \_\_\_\_\_

Please have your Private Medical Doctor or school nurse, fill out the following information with the date it was received:

MMR #1 \_\_\_\_\_ MMR #2 \_\_\_\_\_

Tdap \_\_\_\_\_ (must be within the last 10 years)

PPD #1 \_\_\_\_\_ reading \_\_\_\_\_ date read \_\_\_\_\_

PPD #2 \_\_\_\_\_ reading \_\_\_\_\_ date read \_\_\_\_\_

(Must be done within 2 weeks of each other)

*During flu season students will need to submit proof of a flu shot or you will have to wear a mask during the entire flu season when in patient care areas. The flu season starts at Oswego Health on December 1, unless it is determined by the Commissioner of Health, to be needed sooner.*

Date of last physical: \_\_\_\_\_ must be within one year of class starting.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by HCP or designee or will not be accepted.

You will not be allowed to do your clinical rotation until this information is completed and returned to our office.

Any questions please call Mary Bucher RN at 349-5513 or 349-5699.

Mail completed form to: Employee Health  
140 West 6<sup>th</sup> St.  
Suite 180  
Oswego, NY 13126

You may fax the form to: 315-349-5726  
Attention: Mary Bucher RN