NewYork-Presbyterian	Physician Attestation of Medical Fitness To Provide/Observe Patient Care For 90 Days or Less

Submit to Workforce Health & Safety

Please print legibly

Physician Name: _____ Circle one: (Attending/Fellow/Resident)

Date of Birth: ___/___/_____Email: _____Phone: _____

Campus Affiliation _____

Visit start date: ___/___/____ & end date: ___/___/____ (for 90 days or less)

Direct Supervisor's Name for the visit: _____ and Department Name: _____

Direct Supervisor's Email: _____ and Phone: _____

In support of my application for temporary privileges, I attest that:

1. During this visit I will be (check one):
   - □ observing patient care
   - □ providing patient care directly (visitors hosted by New York-Presbyterian Hospital only).

If providing patient care directly, I currently possess a license to practice medicine in the State of New York or am able to practice medicine in New York pursuant to an exemption listed in, and as limited by, New York Education Law section 6526 (a copy of which is set forth on the back of this form).

2. I am immune to the following infectious diseases because I have either contracted the disease(s) or have received vaccination or have a positive titer: □ Measles, □ Mumps, □ Rubella, □ Varicella.
3. I do not have active tuberculosis and regularly participate in a workforce tuberculosis surveillance program.
4. I have been offered Hepatitis B vaccination and (check one):
   - □ have accepted and completed the series of Hepatitis B vaccinations
   - □ declined Hepatitis B vaccination and signed the OSHA declination form.
5. I am fully able to adhere to standard precautions, when applicable: personal protective equipment, respiratory hygiene/cough etiquette and safe infection practices.
6. I do not take prescribed or unprescribed drugs that may impair my cognition, judgment, or physical dexterity in such a way that could pose a hazard to patients.
7. I have the following other past medical history not mentioned above:_____
   _____
8. Flu vaccine is required during influenza season, unless you have a documented medical contraindication to the vaccine or are exempt for religious reasons.
   a. For this flu season I have (check one):
      □ Received the influenza vaccination: date of last flu vaccination: __/__/__. And I will obtain New York-Presbyterian Hospital Flu Sticker from WH&S.
      □ Have a documented medical contraindication to the vaccine or are exempt for religious reasons, and I agree to adhere to standard precautions, when applicable: personal protective equipment, respiratory hygiene/cough etiquette and safe infection practices.
9. Regarding the COVID-19 vaccine, are you fully vaccinated (e.g. 2 doses of Pfizer/Moderna primary series or 1 dose J&J Janssen vaccine)? □ YES □ NO

11. COVID-19 vaccine is required, unless you have a documented medical contraindication to the vaccine. Please list your COVID-19 vaccine information below. Note: If you received the Johnson & Johnson vaccine you must have one dose documented (and getting a booster is recommended), whereas for Moderna & Pfizer, two doses must be documented (and getting a booster is recommended):

□ COVID-19 vaccine name: _____; dose #1 date: __/__/__; Lot# _____
□ COVID-19 vaccine name: _____; dose #1 date: __/__/__; Lot# _____
And optional Booster COVID-19 vaccine name: _____Date: __/__/__; Lot# _____
□ Have a documented medical contraindication to the vaccine, and I agree to adhere to standard precautions, when applicable: personal protective equipment, respiratory hygiene/cough etiquette and safe infection practices.)

I, Dr. _____, understand that to be granted temporary privileges at New York-Presbyterian Hospital, I must be free of any health impairment, including habituation or addiction to alcohol or drugs or other behavior altering substances, that could pose a potential risk to patients or impede my ability to perform my duties. I hereby attest that I am free of any such impairment.

Physician Signature _____ Date*: ___/___/_____
*Date cannot be earlier than 3 months prior to your start date.
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WHS Reviewer Name: _____Signature: _____ Date reviewed: ___/___/_____

New York State Education Law

§ 6526. Exempt persons

The following persons under the following limitations may practice medicine within the state without a license:

1. Any physician who is employed as a resident in a public hospital, provided such practice is limited to such hospital and is under the supervision of a licensed physician;
2. Any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border and provided such physician does not maintain an office or place to meet patients or receive calls within this state;
3. Any physician who is licensed in another state or country and who is meeting a physician licensed in this state, for purposes of consultation, provided such practice is limited to such consultation;
4. Any physician who is licensed in another state or country, who is visiting a medical school or teaching hospital in this state to receive medical instruction for a period not to exceed six months or to conduct medical instruction, provided such practice is limited to such instruction and is under the supervision of a licensed physician;
5. Any physician who is authorized by a foreign government to practice in relation to its diplomatic, consular or maritime staffs, provided such practice is limited to such staffs;
6. Any commissioned medical officer who is serving in the United States armed forces or public health service or any physician who is employed in the United States Veterans Administration, provided such practice is limited to such service or employment;
7. Any intern who is employed by a hospital and who is a graduate of a medical school in the United States or Canada, provided such practice is limited to such hospital and is under the supervision of a licensed physician; or
8. Any medical student who is performing a clinical clerkship or similar function in a hospital and who is matriculated in a medical school which meets standards satisfactory to the department, provided such practice is limited to such clerkship or similar function in such hospital.
9. Any dentist or dental school graduate eligible for licensure in the state who administers anesthesia as part of a hospital residency program established for the purpose of training dentists in anesthesiology.