



Drexel
Medicine

Required Screening Record for
Shadowing/Observership Non-Employee Associates

Name (Last, First, M.I.): Please print clearly		Today's Date:	
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Social Security #:		Date of Birth:	
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Physician Shadowing:

DUCOM Work Location:	Contact –
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All the information above must be completed in order to process this form.

If you have any questions, contact the person who is processing your shadowing/obervership application.
This form is NOT for employees on Drexel payroll

All persons working with patients or families, or routinely working in a building where patients are seen, must provide proof of screening as indicated below. This form must be signed by your healthcare provider, or alternatively you can attach your TB screening records and proof of current influenza vaccination.

Influenza Vaccine

(vaccine form required for anyone working with patients during flu season)

Influenza Vaccine
Date: _____

Type of Vaccine
 Flu Shot
 Flu Mist

TB Screening

(must be current within 3 months of start date - offered free of charge by CHOP)

Note: students who are required to get TB skin tests for other rotations must have a PPD current within 1 year.

Most recent TB skin test:	Date: _____	Results: _____mm
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If PPD positive, complete TB questionnaire.

You will need to indicate date of conversion, post conversion chest X-ray and treatment received. Attach copy of chest X-ray report.

Healthcare Provider Name: (Please print)	
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Healthcare Provider Signature:	Date:
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