ROCHESTER REGIONAL HEALTH
MEDICAL EDUCATION OFFICE
RIEDMAN CAMPUS
100 Kings Highway South, Suite 2525
Rochester, NY 14617
GraduateMedical.Education@rochesterregional.org

FLU VACCINE/ ACTIVE TB SCREEN/SUBSTANCE/ ILLICIT DRUG-FREE ATTESTATIONS FOR ALL ROTATORS INBOUND TO RRH SITES v.8.2026

Return to GraduateMedical.Education@rochesterregional.org no later **than 4 weeks prior to** rotation start date.

Rotator Name:_____

Email:_____

Rotator Phone #:_____Type of phone: iPhone or Android

Rotator School/Home Institution:_____

Rotator Program Name:_____

Student YR/ Resident/Fellow PGY YR_____

RRH Employee: YES or NO (If YES, only signature required below.)_____

Flu Screen	Received Date	No vaccine
Date of the most recent flu vaccination.		
Active TB Screen	**If YES, explain**	**No**
Do you have a persistent cough?		
Are you coughing up blood?		
Do you have night sweats?		
Do you have a fever of an unknown origin?		
Do you have unexplained weight loss?		

Substance/ Illicit Drug-Free Attestation

- I affirm that I am illicit drug free and committed to remaining illicit drug free throughout the course of my education at Rochester Regional Health (RRH).
- I agree to remain substance free during all rotations at any RRH site, whenever on RRH premises and whenever using any RRH equipment or other RRH owned property during the course of my education at RRH.
- I agree to be tested with cause, which includes but is not limited to reasonable suspicion, abnormal behavior, appearance of intoxication, or other evidence of alteration in mental status or sensorium.

The inbound rotator has answered truthfully to the FLU and ACTIVE TB SCREEN and acknowledges, understands, accepts, and agrees to comply with the above RRH SUBSTANCE/ ILLICIT DRUG FREE POLICY. **(Only the inbound rotator is permitted to sign).**

Rotator Print Name:_____

Rotator Signature:_____DATE:_____