

FLU VACCINE/ ACTIVE TB SCREEN/SUBSTANCE/ ILLICIT DRUG-FREE ATTESTATIONS FOR ALL ROTATORS INBOUND TO RRH SITES v.9.2026

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

Rotator Name: _____

Rotator Email: _____

Rotator Cell Phone #: _____

Rotator School/Home Institution: _____

Rotator Program Name: _____

Student YR/ Resident/Fellow PGY YR _____

RRH Employee? (circle one) **YES** or **NO**

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: _____