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

IMMUNIZATION ATTESTATION FOR INBOUND ROTATORS INTO RRH SITES

v.8/2026

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

Rotator Name:_____

Rotation Name and Dates:_____

Rotator School/Home Institution:_____

Rotator Program Name:_____

Student YR/ Resident/Fellow PGY YR_____

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

Immunizations	**Immunized ✓**	**Explanation if not:**
Rubella (German Measles) One (1) MMR or Rubella vaccination or serologic test verifying immunity.		
Mumps: Two (2) MMR vaccines or serologic test verifying immunity.		
Measles (Rubeola): Two (2) MMR vaccines or serologic test verifying immunity.		
Varicella (Chicken Pox) Two (2) Varivax or serologic test verifying immunity.		
Hepatitis B – Positive titer for proof of immunity or a Booster required if negative titer.		
Attestation Statements	**Completed ✓**	**Explanation if not:**
The rotator has a valid CPR/BLS/ACLS card or certificate current through the end of rotation.		
Background Check	**Date Completed and certifying Passed by school program:**	
The rotator has passed a Criminal Background check. A background check completed at time of academic matriculation is acceptable. School is required to notify RRH of any issues/marks on background check.		

The School/Hospital attests that the above statements are true and understands that RRH may request proof of any of the attested items above at any time and school/hospital/inbound rotator will provide willingly. **(Inbound rotator cannot sign for themselves. Program Coordinator or other school official must attest on their behalf).**

Program Coordinator/School/Institution Official Attestation of above: DATE:_____

Print Name and Title:_____

Signature:_____