

IMMUNIZATION ATTESTATION FOR INBOUND ROTATORS INTO RRH SITES

v.9/2026

Return to GraduateMedical.Education@rochesterregional.org no later than 4 weeks prior to rotation start date. NOTE: This form is not required for students who are RRH employees.

Rotator Name: _____

Rotation Name and Dates: _____

Rotator School/Home Institution: _____

Rotator Program Name: _____

Student YR/ Resident/Fellow PGY YR _____

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.		
PPD/TB: TST (Skin) or IGRA (blood) test passed within 12 months of rotation start date: • for IGRA: T-Spot or Quantiferon (QGold) (circle one)		
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. <u>School is required to notify RRH of any issues/marks on background check.</u>		

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: _____