

**Memorial Sloan-Kettering Cancer Center
Attestation of Health Fitness – Clinical Observership Program**

I _____ understand that to be approved as a clinical observer at Memorial Sloan-Kettering Cancer Center, I must be free of any health impairment, including habituation or addiction to alcohol or drugs or other behavior altering substances, that could pose a potential risk to patients or impede my ability to participate in the observership program. I hereby attest that I am free of any such impairment. In further support, I also attest that:

1. I am immune to the following infectious diseases because I have either contracted the disease(s) or have received vaccination:
 - i. Mumps
 - ii. Measles
 - iii. Rubella
 - iv. Varicella
2. I do not have active tuberculosis and I regularly participate in a workforce tuberculosis surveillance program.
3. I am fully able to adhere to standard precautions.
4. I do not take prescribed or unprescribed drugs that may impair my cognition, judgment, or physical dexterity in such a way that could pose a hazard to patients.
5. I understand that during “flu season” (as determined by the New York State Health Commissioner), I will need to either present proof of appropriate flu vaccination, or wear a surgical mask in all patient areas. [Note: The required vaccination can be obtained upon your arrival.]

Signature

Date

Employer name & title

Institution

Employer Signature