

## Department of Occupational Therapy Required Health/Immunization Documentation

Upon admittance to the MSOT program at Le Moyne College you will need to be prepared to provide proof of the following health information necessary for you to participate in both Fieldwork Level I and Fieldwork Level II experiences. Most of these documents will require annual updating in order to maintain compliance with the standards of all fieldwork sites. These documents are part of the professional behavior expectations of our MSOT program. The NY State Department of Education mandates Le Moyne College to maintain original copies of your documents in the Wellness Center upon admittance to the program. The program requires that you maintain a set of original documents, **separate from what is submitted to the Wellness Center Office**, to present them upon request to any of the fieldwork sites at which you are placed.

Therefore, in order to comply with **BOTH**, the MSOT Program and Le Moyne College's policies, you will need to obtain **2 originals of each document** indicated in the table below.

| Required Documents for Participation in FW I & FW II Experiences   | Where to submit documentation   |
|--|---|
| Health Assessment/Physical Form  | <ul> <li>Maintain 1 original for your own records</li> <li>1 original submitted to Wellness Center</li> </ul> |
| Proof of Personal Health Insurance Coverage  | <ul> <li>Maintain original Health Insurance Card to show as proof of coverage as needed</li> </ul>            |
| <ul> <li>Immunization Records including proof of:         <ul> <li>2 MMR vaccinations OR 1 MMR w/ titer report</li> <li>2 Varicella vaccinations OR 1 Varicella w/ titer report</li> <li>Tdap</li> <li>3 Hep B vaccines w/ titer report. If titer is negative must repeat series and obtain new titer report</li> <li>Menigococcal vaccine OR signed waiver</li> </ul> </li> </ul> | <ul> <li>Maintain 1 original for your own records</li> <li>1 original submitted to Wellness Center</li> </ul> |
| Negative PPD or Chest X-ray  | <ul> <li>Maintain 1 original for your own records</li> <li>1 original submitted to Wellness Center</li> </ul> |
| Flu Vaccine  | <ul> <li>Maintain 1 original for your records</li> <li>Provide 1 original to Wellness Center</li> </ul>       |
| CPR Certification (This MUST include First Aid/CPR and AED training for both adults and pediatrics; Online certifications WILL NOT BE ACCEPTED)  | <ul> <li>Maintain original certification for your records to<br/>present upon request</li> </ul>              |