



Health and Safety Agreement

I agree to fulfill and provide documentation of all health and safety requirements listed below. All pre-matriculation forms (e.g., the “Medical History and Physical Examination” form, “Health Insurance Verification” form, the “Immunization Documentation” form, and this form) all must be scanned and uploaded directly to the American DataBank website for the FIU Herbert Wertheim College of Medicine (HWCOCM). The OSA will receive notification from American DataBank regarding my compliance status. If vaccine information or medical testing is incomplete, I agree to comply with any requirements and submit documentation to American DataBank as soon as possible. **All tests and at least the first dose of all vaccine series must be done prior to Orientation.** I also agree to comply with all annual and future health requirements that may be subsequently prescribed by the FIU HWCOCM designed to protect my health.

Ongoing Annual Health Requirements:

- TB SCREENING:** I agree to submit annual TB screenings to my American DataBank site, either 1) a PPD skin test (if I’m PPD negative) OR 2) the TB Symptom Screening form signed by my physician (if I’ve tested PPD positive anytime in the past and have a negative chest X-ray).
- DISABILITY INSURANCE:** I agree to purchase the school’s designated Disability Insurance Policy during Orientation and agree to renew it annually while enrolled as a student at the FIU HWCOCM.
- HEALTH INSURANCE:** I will purchase and maintain a health insurance policy for the duration of my medical school enrollment that meets the basic minimum requirements as set forth in the Medical Student Handbook. I will not cancel this policy unless I provide proof of comparable coverage under an alternate acceptable policy and upload a revised “Insurance Verification Form” and copies of the insurance card to my American DataBank online account. I agree to complete and upload this form before August 1st annually *even if no changes to my health insurance have occurred.*
- INFLUENZA VACCINE:** I agree to receive the influenza vaccine annually before October 31st, unless I have medical contraindications. I agree to upload this documentation promptly to my American DataBank online account.

I freely provide this information and understand that non-compliance will result in my inability to participate in clinical activities until all requirements have been met; I also understand that this will negatively affect my academic performance which may lead to dismissal from the HWCOCM.

Name (please PRINT): _____

Signature: _____ Date: _____

Upload this form to your American DataBank online account.