

**VIRGINIA MASON MEDICAL CENTER
CONTRACTOR/STUDENT FITNESS FOR DUTY COMPLIANCE CERTIFICATION**

This Certification Form must be submitted to VMMC Workforce Relations a minimum of 10 days prior to the start of assignment. No Contractor Employee/Student is permitted to commence services or training until VMMC Workforce Relations confirms satisfactory completion of the Fitness for Duty process with the accountable VM Manager and a VM ID badge has been issued.

Contractor/School certifies that the Contractor Employee/Student identified below meets all VMMC Fitness for Duty requirements.

Employee/Student Name: _____

Contingent Worker Type: (Circle one)

Community Provider / Consultant / Contractor / Health Care Worker / Student
Temporary Agency Staff / Vendor / Volunteer / Observer

Contractor Birthday (mm/dd): _____ **Gender M/F:** _____

Assignment Start Date (mm/dd/yy): _____ **Assignment End Date (mm/dd/yy):** _____

Company/Student School: _____

Company/School Contact Name & Phone Number: _____

Contractor Job Title/Type of Student: _____

VM Manager Contact Name: _____ **VM Department:** _____

Professional License # and Expiration Date	Required Certification/ Expiration Date	Criminal Background Check Date Completed	Disclosure Statement Attach to this form	General Services Administration Results and Date Check Completed	OIG Excluded Party Results and Date Check Completed

TB/PPD NEG: Date of Last Test POS: Date of Clear Chest X-ray & Last Symptom Questionnaire	MMR History of Disease or date of Vaccination/Titer	Varicella/Chickenpox History of Disease or date of Vaccination/Titer	Influenza Vaccine Mandatory during flu season as determined by VMMC. Date of vaccination.

Certification: I certify that the above information is true and accurate and may be verified by VMMC upon inspection of records held by Contractor/School.

VERIFIED BY:

Authorized Contractor/School Representative:

VMMC Workforce Relations:

Name: _____

Name: _____

Signature: _____

Date: _____

Date: _____