



*Welcome to the University of Rochester!*

Enclosed you will find details regarding your employment with the University of Rochester. Directions to Occupational and Environmental Medicine (OEM) (for your physical), and the Employment Center (to complete paperwork) are included.

**INFORMATION REGARDING YOUR OEM PHYSICAL VISIT:**

**\*Please refer back to the e-mail that you have received from your HR Liaison/Recruiter for the date and time of your appointment.**

Occupational and Environmental Medicine:

**Strong West  
156 West Ave  
Brockport, New York 14420**

Your University appointment is contingent upon the satisfactory completion of a pre-placement physical and a drug test with a negative result. **Per University policy 168, this appointment will not be rescheduled for the convenience of the applicant. If this appointment is missed for any reason, the offer of employment will be rescinded.** Please note that the information gathered at your physical will not be a part of your personnel file but a separate medical record.

Please be prompt! You will also be required to return two days later to have your PPD (Tuberculin Skin Test) read. For Friday appointments, Monday morning is acceptable. You should schedule a follow-up appointment on the day of your OEM pre-placement physical.

➤ Failure to return for the PPD Read after your pre-placement physical will defer your start date and may rescind your employment offer.

➤ The documents listed below are enclosed and must be completed and brought with you when you report for your OEM physical:

1. Strong Occupational & Environmental Medicine Immunization History Form.
2. Strong Occupational & Environmental Medicine Medical History Form
3. Strong Occupational & Environmental Medicine Outpatient Registration Form

➤ In addition, it is necessary to bring your original immunization records (this information is often obtained from your doctor, high school, college or on the back of your birth certificate). Candidates not providing written immunization records will be vaccinated. Refusal of immunization will result in rescinding of the employment offer.

➤ Please note that information disclosed or discovered in the pre-placement exams which may reveal a conviction for a crime will be reported to the HR Office for review. Discovery of a conviction for a crime will not automatically disqualify an applicant for consideration of employment. However, omission or failure to disclose any conviction may be grounds for disqualification due to falsification of information.

**INFORMATION REGARDING YOUR EMPLOYMENT CENTER VISIT:**

You will also need to report to the Office of Human Resources, 910 Genesee Street, Suite 100, to complete necessary pre-employment forms no later than the Wednesday before your start date. You may come any time during our hours of operation (Monday- Friday 8:00AM-5:00PM with no appointment needed). In order to complete the I-9 Form, please refer to the documentation listing on the reverse side of this letter. You will need to provide one (1) document from List A OR one (1) document from List B and one (1) document from List C.

If you have any questions or concerns, your HR Liaison/Recruiter will be happy to assist you.



**Strong Occupational and Environmental Medicine**

**LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**



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MEDICAL CENTER

**Strong Occupational and Environmental Medicine**



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Strong Memorial Hospital • Golisano Children's Hospital at Strong • Highland Hospital  
The Highlands • Eastman Dental Center • Visiting Nurse Service

*Director:*

Mark J. Utell, M.D.

Environmental Medicine  
Strong Occupational and Environmental  
Medicine  
Strong Memorial Hospital

*Clinical Staff:*

Bruce A Barron, M.D., Medical Director

Karl Auerbach, M.D.

Linda Karbonit, D.O.

M. Anne Schwalm, N.P.

*Nurse Manager:*

Laura M. Caruso, R.N.

*Administrator:*

Deborah M. Klein

We are looking forward to serving you in a timely and efficient manner when you come for your pre-placement physical examination. Proof of immunization is required prior to commencing work. This can be accomplished in several ways:

1. You may take the enclosed immunization form to your doctor's office and have the form completed. Please note that if you choose to have this form completed- the form **MUST** be signed by your physician or health care provider. We will also accept a print out of your immunizations without the need for a signature as long as the document states where the information is coming from (Examples include: school, or a physician's office, etc.)
2. If you are from out of town or out of state, you may call your physicians' office and request that your immunization record be faxed to us at (585) 487-1190, Attention: Occupational Health Nurse, **PRIOR** to the day of your physical exam.
3. If you are bringing your own immunization record with you, please make sure that it has been signed by your physician or health care provider.
4. If you have had any former affiliation with the University of Rochester as an employee, student, or volunteer, we will obtain your immunization record from UHS (University Health Services) prior to your scheduled appointment. **YOU MUST** inform Nursing Recruitment, Human Resources, or Strong Staffing of such affiliation – otherwise, your records will not be obtained.
5. If your immunization record is not available, we will give you the necessary immunizations.

Please arrive on time for your appointment.



## Strong Occupational and Environmental Medicine

### University of Rochester Medical Center

## *Drug Testing Questions & Answers*

### *What is a drug screen?*

A drug screen is a series of tests done on a urine specimen to check for the presence of some abused drugs. Five groups of drugs are routinely tested. They are marijuana, cocaine, opiates (morphine/codeine), amphetamines, and phencyclidines (PCP or angel dust). Some companies test for up to ten illegal substances.

### *Is there anything I need to know ahead of time?*

Yes. You will be required to show photo identification or a representative from your company, **with photo identification**, who can vouch for you. Also, be sure to have a full bladder as you will remain in the area until you are able to produce a sufficient specimen.

### *Are the test results confidential?*

Yes. The collector does not know the results. Laboratory staff do not know the identity of the donor since a social security number, not name, is used for specimen identification. Only the designated physician and authorized contact(s) at your company will receive the results. They are not available to anyone else.

### *What if my specimen is positive?*

If the initial screening result is positive, it will be confirmed by a second test. Drugs that may be abused are confirmed by a special process called gas chromatography-mass spectrometry (GCMS). The procedure eliminates false positives by breaking the drug molecule into fragments. The pattern of fragments is a “finger print” unique to that drug. Only results confirmed by GCMS or GC are reported as positive.

### *How accurate are the results?*

Extremely accurate. There are clerical checks at every stage of the testing process to eliminate clerical errors. There is no misidentification of a legal substance for an illegal drug as the results are confirmed by chromatography-mass spectrometry, which identifies drugs based on their unique chemical structure.

### *How long does it take to get the results?*

Normally results are received within 24-48 hours. However, results may take as long as 5 days.

### *What is a NIDA drug screen?*

NIDA stands for National Institute on Drug Abuse, a Health and Human Services agency which certifies laboratories to perform drug tests mandated by the Department of Transportation or other Federal agencies. The program has been transferred from NIDA to SAMHSA, (Substance Abuse Mental Health Services Administration). If your company requires a NIDA drug screen, we will collect the specimen according to protocol and forward it to a NIDA certified laboratory.



**Strong Occupational and Environmental Medicine**

***What is chain of custody?***

Every sample analyzed for drugs that may be abused has the potential for legal dispute. In order that a test can withstand legal challenge, collection, handling and storage of every specimen has to be documented to show that the specimen tested is the specimen given by the donor and tampering of the specimen has not taken place.

The chain of custody system is carefully designed to account for each specimen at all times. The laboratory has a specific protocol followed by all individuals who handle specimens. Complete documentation of a specimen begins with the collection of the specimen and ends when the specimen is discarded.

***Should I avoid poppy seed baked goods before testing?***

Yes. Some poppy seeds contain a small amount of morphine which if eaten before a drug test may result in a positive test. One should not eat foods containing poppy seeds for at least 3 days prior to a drug test.

***How is the sample collected?***

The collection protocol is as follows:

1. You and the witness (collector) sign and date the consent form.
2. You will be asked to show your photo ID.
3. You will choose your collection kit.
4. There will be blue water in the toilet and no water in the sink. Collection is NOT witnessed. After urinating into the container immediately take your specimen to the collector before washing your hands.
5. You will witness the temperature test of your specimen. If it is too low, you will be asked for another specimen. If the urine volume is too low you will be offered water or other beverages, but you must remain in the collection site until a valid specimen is obtained.
6. You will sign the evidence tape to verify your specimen. Then the collector will seal the specimen container by putting evidence tape over the lid.
7. You will sign and date the Chain of Custody to release your specimen to the laboratory.
8. The collector will affix bar code labels to the specimen container and requisition.
9. The collector will put the specimen bottle and page 1 of the requisition into a plastic bag and seal it with the evidence tape.
10. Pages 2 and 3 of the requisition are transferred to the lab with your specimen.

For your protection, the laboratory will inspect the integrity of the evidence tape on the bag and specimen bottle. If it is not intact, you will be asked to make an appointment for another drug screen collection.



MEDICINE of THE HIGHEST ORDER

Strong Occupational and Environmental Medicine (OEM)

Immunization History Form

Name \_\_\_\_\_
DOB \_\_\_\_\_

Date \_\_\_\_\_

Please bring your immunization records to Strong Occupational and Environmental Medicine at the time of your appointment. If the information is NOT available, required titers or immunizations, and skin testing will be provided as part of the visit. This is the required immunizations:

REQUIRED PROTECTIONS AS A CONDITION OF EMPLOYMENT:

1. Rubeola (Measles)

- Checkboxes for Rubeola: born on or after Jan 1, 1957; received 2 vaccines; had titer drawn; born before Jan 1, 1957.

2. Rubella (German Measles) Check which of the following apply:

- Checkboxes for Rubella: received vaccine after Jan 1, 1969; had titer drawn.

3. Mumps

- Checkboxes for Mumps: born on or after Jan 1, 1957; received vaccine after Jan 1, 1968; had titer drawn; born before Jan 1, 1957.

4. Tuberculin Skin Test (Mantoux, not Tine)

- Checkboxes for Tuberculin Skin Test: last skin test date and result; chest x-ray if positive.

5. Chicken Pox

- Checkboxes for Chicken Pox: had chicken pox; had titer drawn.

6. Influenza vaccine (Annually)

- Checkboxes for Influenza vaccine: received vaccine; declined vaccine.

RECOMMENDED PROTECTIONS:

7. Hepatitis B Vaccinations

- Checkboxes for Hepatitis B: received vaccination series; had surface antibody titer drawn.

8. Tetanus/Diphtheria or Tdap (Please indicate)

- Checkbox for Tetanus/Diphtheria or Tdap: date of last booster.



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**Strong Occupational and Environmental Medicine**

**Medical History Form**

Name (print): \_\_\_\_\_

Today's date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Job title / type of work: \_\_\_\_\_

**Medical History**

1. List all medications that you take on a routine or periodic basis (include over-the-counter medications, vitamins, and supplements): \_\_\_\_\_  
\_\_\_\_\_

2. List all allergies (including drugs, environmental, & latex): \_\_\_\_\_  
\_\_\_\_\_

3. List all current or active medical problems for which you see a physician or other health care provider:  
\_\_\_\_\_  
\_\_\_\_\_

4. List all past hospitalizations and operations (includes dates):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Current restrictions:

Has a health professional told you to limit your activities at home or work?

No [ ] Yes [ ]

Do you have any permanent medical restrictions on your activities or any permanent impairments?

No [ ] Yes [ ]

Do you need any accommodations to perform the job for which you are being evaluated?

No [ ] Yes [ ]

**Social History**

Do you use tobacco products? No \_\_\_ Yes \_\_\_

If yes, number of packs / dips per day \_\_\_\_\_ and number of years \_\_\_\_\_

Do you drink alcohol? No \_\_\_ Yes \_\_\_

If yes, how much do you drink on an average week? \_\_\_\_\_

**Occupational History**

List past employment, providing the information requested below:

Company name      Job / position      Dates      Workplace exposures

1. \_\_\_\_\_
2. \_\_\_\_\_

**Review of systems:** Have you ever had or do you currently have any of the following (check [x] for each item)

Past = past medical problem

Current = current medical problem

	If Yes:		
	No	Past	Current
1. Frequent / severe fatigue	[ ]	[ ]	[ ]
2. Arthritis / bursitis / tendonitis	[ ]	[ ]	[ ]
3. Carpal tunnel syndrome	[ ]	[ ]	[ ]
4. Back / spine trouble	[ ]	[ ]	[ ]
5. Amputations / bone – joint problem	[ ]	[ ]	[ ]
6. Cancer	[ ]	[ ]	[ ]
7. Diabetes / sugar problems	[ ]	[ ]	[ ]
8. Skin problems	[ ]	[ ]	[ ]
9. High / low blood pressure	[ ]	[ ]	[ ]
10. Chest pains / palpitations	[ ]	[ ]	[ ]
11. Heart trouble	[ ]	[ ]	[ ]
12. Anemia	[ ]	[ ]	[ ]
13. Difficulty breathing	[ ]	[ ]	[ ]
14. Chronic cough or sputum	[ ]	[ ]	[ ]
15. Asthma or emphysema	[ ]	[ ]	[ ]
16. Pneumonia	[ ]	[ ]	[ ]
17. Tuberculosis	[ ]	[ ]	[ ]
18. Past positive test for TB	[ ]	[ ]	[ ]
19. Abdominal pain	[ ]	[ ]	[ ]
20. Bowel / stomach problems	[ ]	[ ]	[ ]
21. Stomach / duodenal ulcers	[ ]	[ ]	[ ]
22. Liver / gallbladder disease	[ ]	[ ]	[ ]
23. Jaundice (turning yellow)	[ ]	[ ]	[ ]
24. Hernias or ruptures	[ ]	[ ]	[ ]
25. Urinary problems	[ ]	[ ]	[ ]
26. Menstrual problems	[ ]	[ ]	[ ]
27. Infertility	[ ]	[ ]	[ ]
28. Fainting episodes	[ ]	[ ]	[ ]
29. Convulsions / epilepsy	[ ]	[ ]	[ ]
30. Severe head injuries	[ ]	[ ]	[ ]
31. Dizziness / lightheadedness	[ ]	[ ]	[ ]
32. Severe headaches	[ ]	[ ]	[ ]
33. Change in vision	[ ]	[ ]	[ ]
34. Change in hearing	[ ]	[ ]	[ ]
35. Psychiatric conditions	[ ]	[ ]	[ ]

*The Genetic Information Nondiscrimination Act (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of individual or their family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking you not to provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or a family member receiving assistive reproductive services.*

Patient/Examinee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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**Strong Occupational & Environmental Medicine  
Outpatient Registration Form**

Welcome to Strong Occupational and Environmental Medicine! Please complete the following information for identification purposes:

DATE \_\_\_\_\_

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

SS#: \_\_\_\_\_ Marital \_\_\_\_\_ Status: \_\_\_\_\_

Address, Apt \_\_\_\_\_ #: \_\_\_\_\_

\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

(Affiliated with as Applicant or Employee)

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Employment: F/T \_ or P/T \_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

LOCAL CONTACT \_\_\_\_\_ Relationship \_\_\_\_\_

(Messages can be left with)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

(\*\* IF INFORMATION IS UNKNOWN, PLEASE INDICATE SO IN THE DESIGNATED AREA. \*\*)

## *FINDING YOUR WAY.....*

### **YOU MAY PARK IN**

- **Parking Garage:** Use the Hospital Drive entrance off Elmwood Avenue –The parking garage will be on your left. Please note the color code and level number of your parking location.

### **TO EMPLOYMENT CENTER *Brooks Landing 910 Genesee Street, Suite 100***

- **FROM PARKING GARAGE:** Exit the Garage on the Elmwood side and make a left on Elmwood. Go down Elmwood to Genesee Street, make a right. Go down Genesee Street, past the Staybridge Suites Hotel, cross Brooks Avenue. Make a right into the first driveway after you cross Brooks Avenue. The Employment Center is located in Suite 100.

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#### *NEED MORE INFORMATION?*

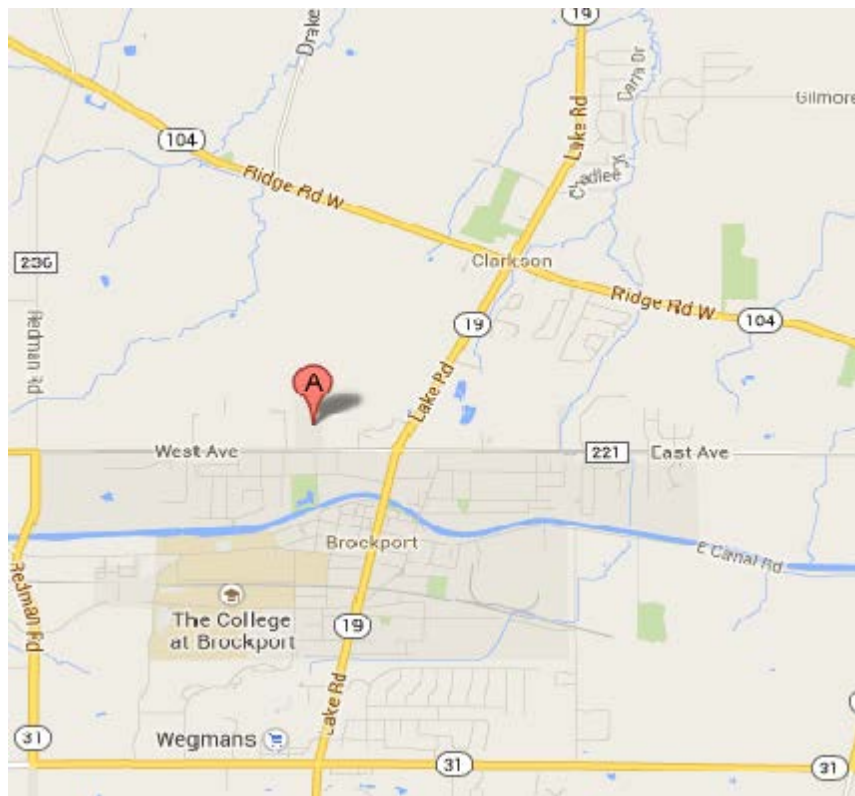
Please feel free to contact our Information Hotline Number at 275-2275 or ask one of our Ambassadors at the Main Hospital Information Desk for assistance.

## **Strong Occupational and Environmental Medicine, conveniently located at Strong West.**

**Strong West • 156 West Ave • Brockport, New York 14420**

### **Parking and Directions to the Clinic**

- Convenient parking in front of the building.
- Enter through the Emergency Room entrance.
- Follow the sign Occupational and Environmental Medicine.



## Directions to University of Rochester/Strong Memorial Hospital New Hire Orientation



### Staybridge Suites, 1000 Genesee Street, Rochester, NY 14611

#### **From Syracuse & Points East (Take Thruway to Exit 46 at Rochester)**

Take 390 North towards Rochester to Exit 17 (Scottsville Road). At the end of the exit ramp, turn left onto Scottsville Road. Then proceed approximately one-half of a mile. At the intersection of Scottsville Road, Elmwood Avenue and Genesee Street, turn a slight left onto Genesee Street. The Staybridge Suites will be approximately one-half of a mile on the right hand side.

(Number 2 on the map above)

#### **From Corning, Henrietta and Points South**

Take 390 North towards Rochester to Exit 17 (Scottsville Road). At the end of the exit ramp, turn left onto Scottsville Road. Then proceed approximately one-half of a mile. At the intersection of Scottsville Road, Elmwood Avenue and Genesee Street, turn a slight left onto Genesee Street. The Staybridge Suites will be approximately one-half of a mile on the right hand side.

(Number 2 on the map above)

#### **From Buffalo (Take Thruway to Exit 46 at Rochester)**

Take 390 North towards Rochester to Exit 17 (Scottsville Road). At the end of the exit ramp, turn left onto Scottsville Road. Then proceed approximately one-half of a mile. At the intersection of Scottsville Road, Elmwood Avenue and Genesee Street, turn a slight left onto Genesee Street. The Staybridge Suites will be approximately one-half of a mile on the right hand side.

(Number 2 on the map above)

#### **Parking**

Parking is available in the Staybridge Suites parking lots directly in front of the building and along the sides of the building.