UNIVERSITY of ROCHESTER

Welcome to the University of Rochester!

Enclosed you will find details regarding your employment with the University of Rochester. Directions to Strong Memorial Hospital Employee Health, and the Employment Center (to complete paperwork) are included.
*Please refer back to the e-mail that you have received from your HR Liaison/Recruiter for the date and time of your appointment.

Information regarding your health assessment with SMH Employee Health:

Red Creek location- 400 Red Creek Drive Suite 220 Rochester, NY 14623

Your University appointment is contingent upon the satisfactory completion of a pre-placement health assessment 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 If this appointment is missed for any reason, the offer of employment will be rescinded.** Please note that the information gathered at your physical will not be a part of your personnel file but a separate medical record.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 FAX, EMAIL OR BRING IMMUNIZATION RECORDS TO YOUR APPOINTMENT. FAX: (585) 276-2449 EMAIL: SMH_EMPLOYEE_HEALTH@URMC.ROCHESTER.EDU.

Bring to the physical appointment:

1. Photo ID
2. Immunization record (See "Immunization History Form" for required immunizations).
3. Bring completed pre-employement forms to your pre-placement appointment.
    a. Strong Immunization History Form
    b. Pre-Health Assessment Form
    c. Strong Outpatient Registration Form
4. Glasses/contact lenses.

What to expect at your physical appointment:
Approximately 2-3 hour appointment; plan accordingly. You will be required to stay for the entire visit.
Do not bring any liquids or leave our clinic after check-in; you will be requested to provide a urine sample.
Possible blood draw and vaccines, if needed. Two PPD's are required for pre-employment compliance. Negative Quantiferon is not accepted per policy.

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		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		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		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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.

910 Genesee St., Suite 100 · P.O. Box 278955 · Rochester, NY 14627-8955

Strong Memorial Hospital Employee Health

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 Memorial Hospital Employee Health

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 to low you will be offered water 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.

UNIVERSITY of ROCHESTER MEDICAL CENTER

MEDICINE of THE HIGHEST ORDER

Strong Memorial Hospital Employee Health

Immunization History Form

Name _____ Date _____
DOB _____

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. These are the required immunizations:

REQUIRED PROTECTIONS AS A CONDITION OF EMPLOYMENT:

1. Rubeola (Measles)
   - ☐ If you were born on or after January 1, 1957, check which of the following apply:
   - ☐ I have received 2 measles vaccines after January 1, 1968. Dose 1 _____ Dose 2 _____
   - ☐ I have had a titer drawn.
     Date _____ Result _____ (**Attach copy of result**)
   - ☐ If you were born before January 1, 1957, have you had the measles (rubeola): Y __ N __

2. Rubella (German Measles) Check which of the following apply:
   - ☐ I have received the rubella vaccine after January 1, 1969. Date _____
   - ☐ I have had a titer drawn.
     Date _____ Result _____ (**Attach copy of result**)

4. Tuberculin Skin Test (Mantoux, not Tine)
   - ☐ Date of last skin test _____ Result: Negative _____ Positive _____
   - ☐ If positive, did you receive a chest x-ray? Y ____ N ____
     If Yes, Date _____ Result _____ (**Attach copy of result**)

5. Influenza vaccine (Annually)
   - ☐ I have received the influenza vaccine. Date _____
   - ☐ I have declined the influenza vaccine. _____/_____
     Signature Date

RECOMMENDED PROTECTIONS:

6. Hepatitis B Vaccinations
   - ☐ I have received the Hepatitis B vaccination series. Note Dates:
     Dose 1 _____ Dose 2 _____ Dose 3 _____
   - ☐ I have had the Hepatitis B surface antibody titer drawn.
     Date _____ Result _____ (**Attach copy of result**)

7. Tetanus/Diphtheria or Tdap **(Please indicate)**
   - ☐ Date of last booster _____ (Tetanus toxoid only is not sufficient.)

8. Chicken Pox
   - ☐ I have had the chicken pox: Y ____ N ____ If yes, date _____
   - ☐ I had a titer drawn: Y ____ N _____ Result: Date _____ Negative ____ Positive ___
     (Attach copy of result)

9. Mumps
   - ☐ If you were born on or after January 1, 1957, check which of the following apply:
   - ☐ I have received the mumps vaccine after January 1, 1968. Date _____
   - ☐ I have had a titer drawn.
     Date _____ Result _____ **(Attach copy of result)**
   - ☐ If you were born before January 1, 1957, have you had the mumps: Y __ N __

_____
Provider Signature / Date

Strong Memorial Hospital Employee Health
Outpatient Registration Form

Welcome to Strong Memorial Hospital Employee Health! 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_____

(I F INFORMATION IS UNKNOWN, PLEASE INDICATE SO IN THE DESIGNATED AREA. **)**

UNIVERSITY of ROCHESTER MEDICAL CENTER

MEDICINE of THE HIGHEST ORDER

SMH Employee Health (EH)

Pre-Health Assessment Screening

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): _____
   _____

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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.				
3.				
4.				

OVER ⟶

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

Please explain any "Yes" answers (Past or Current) in the space provided below. ↓

		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 an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not 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 or 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 family member receiving assistive reproductive services.*

Patient/Examinee Signature: _____ Date: _____

☐ Review Completed by EH nurse.

☐ Deferred to EH Provider for Focused Exam.

Nurse Reviewer Signature: _____ Date: _____

Provider Signature: _____ Date: _____

FINDING YOUR WAY TO EMPLOYEE HEALTH (Calkins Park)……

400 Red Creek Drive Suite 220 Rochester, NY 14623

Directions: From the I-390, exit on to Hylan Drive. Turn South and follow Hylan Drive until it ends at Calkins Road. Turn right onto Calkins and make a quick left onto Red Creek Drive. Follow the signs to Building 400. Free parking is in front and sides of the building.