

MONTEFIORE MEDICAL CENTER

The University Hospital  
for the Albert Einstein  
College of Medicine

Henry and Lucy Moses Division

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Bronx, NY 10467-2490  
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Infectious Diseases

MONTEFIORE



Spring 2010

The Montefiore Medical Center's Occupational Health Service welcomes your arrival at the hospital. To facilitate your introduction, we are sending you a copy of our pre-placement examination form. While we will gladly perform this examination and required tests for you, you may find it more convenient to have them done prior to your arrival at the hospital. All services are offered cost free to all house staff including hepatitis B vaccine

The following is a list of data that must be included in each employee's health record. Please include either copies or original reports. **ALL LAB TESTS MUST BE PERFORMED WITHIN THREE (3) MONTHS OF EMPLOYMENT WITH THE EXCEPTION OF RUBELLA, MEASLES, MUMPS AND VARICELLA TITERS.**

- Two (2) PPDs (Within one (1) year\*)
  - o Must be documented: Date placed, Date read, results and stamped by clinician
- Chest x-ray if PPD is positive (Within one (1) year)
- CBC with differential
- SMA 20 (Electrolytes, BUN, Creat, Glucose, Liver Profile, Cholesterol)
- Hepatitis B Surface Antigen and Antibody
- Rubella titer (immunization is required if negative)
- Measles titer (immunization is required if negative)
- Varicella titer (immunization is offered if negative)
- Mumps titer (immunization is required if negative)
- Record of Diphtheria/Tetanus - primary immunization; a booster should be given every 10 years (Or - Tdap - Tetanus/diphtheria /pertussis vaccine)
- Colorblind testing (Pathology/Hematology and all ID Fellows)
- Drug testing - Please provide your current address to the House Staff Office for the necessary paperwork for drug test scheduling. (Not available on-line)**

\* If the result of the first PPD is negative (<10mm), a second PPD must be performed 7 - 10 days after first PPD. This is to rule out the "booster effect" and to provide a valid baseline for ongoing TB surveillance.

If you have any questions regarding the examination or would like to schedule an appointment (we recommend as soon as possible), please call 718-920-5406. However, if you have documentation of all the above requirements you can mail them to us for review. Please mail complete documents to: Montefiore Medical Center; C/o: **Occupational Health Service- 2010 Housestaff** (Must be indicated); 111 E. 210 Street; Bronx, NY 10467. (Please keep a copy of records and please no faxes.) You may be required to come in for your clearance form which will not be faxed but will be mailed to you if cleared by June 4, 2010 which allows for mailing time.

**PLEASE BE ADVISED THAT YOU WILL NOT BE PERMITTED TO WORK OR PLACED ON PAYROLL UNLESS THESE REQUIREMENTS ARE MET AND CLEARANCE BY OHS IS COMPLETED BEFORE YOUR EMPLOYMENT START DATE.**

We look forward to meeting you!

Sincerely,

A handwritten signature in cursive script, appearing to read "Michela T. Catalano M.D.", written in dark ink.

Michela T. Catalano, M.D.  
Director  
Occupational Health Service