



Per New York State (NYS) Laws and Regulations, all healthcare facilities require specific documentation, both medical and professional. SUNY Poly requires this information be on file **PRIOR** to beginning clinical/practicum coursework. This is for your safety, as well as, your patient's and community's safety.

WHERE TO SEND DOCUMENTS

- All documentation must be submitted to the Wellness Center via fax: (315) 792-7371.
 - If you choose to scan and email documentation to the Wellness Center (wellnesscenter@sunypoly.edu), please be warned that SUNY email is not secured.
- Due Dates: **August 1st** (Fall Admission); **January 1st** (Spring Admission)
- **IT IS MANDATORY THAT YOU KEEP A COPY OF ALL YOUR DOCUMENTATION WITH YOU AT ALL CLINICAL EXPERIENCES** as you may be required to present this information to your preceptor or healthcare facility. Specific healthcare facilities may require more stringent documentation. It is the responsibility of the student to meet compliance for that specific facility and to provide the required documentation.
- You may be **DE-REGISTERED** from your coursework if **ALL** required documentation is not provided prior to the beginning of the clinical/practicum start date.
- If you have any questions, please contact Karen Segerberg, Clinical Coordinator, by phone (315) 792-7177 or email: segerbk@sunypoly.edu.

| ALL HEALTH REQUIREMENTS | | |
|--------------------------------|---------------|---|
| Requirement | Submit | Acceptable Documentation |
| Measles (Rubeola) | One Time | 2 vaccination dates after the first birthday OR serologic evidence of immunity with the laboratory value. |
| Mumps | One Time | 2 vaccination dates after the first birthday OR serologic evidence of immunity with the laboratory value. |
| Rubella | One Time | 2 vaccination dates after the first birthday OR serologic evidence of immunity with the laboratory value. |
| Hepatitis B | One Time | 3 vaccination dates after the first birthday OR serologic evidence of immunity with the laboratory value. |
| Varicella (Chicken Pox) | One Time | 2 vaccination dates after the first birthday OR serologic evidence of immunity with the laboratory value. |
| Meningitis | Every 5 Years | Vaccination date within 5 years OR completed Meningitis Information Response Form. |



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| Influenza | Every Year | A vaccination date is required by October 15th of EACH year. |
| Tetanus, Diphtheria, Pertussis (TDaP) | Every 10 Years | The vaccination date must be valid throughout the clinical course. |
| COVID Vaccine | One Time | 2 vaccination dates for Pfizer-BioNTech & Moderna OR 1 vaccination date for Johnson & Johnson. Evidence of 1 COVID booster vaccination date for all who are eligible. |
| Physical Examination | Every Year | A physical exam completed within the last year by an MD, PA, or NP indicates your ability to perform clinical/practicum activities and that you are free of communicable diseases. The SUNY Poly physical examination document is recommended for documentation. |
| Tuberculosis (TB) | Every 2 Years | The date of a negative Mantoux, QuantiferonTB-GOLD, or T-Spot test in the last year or written declination from your healthcare provider. A positive result will require documentation of a negative chest X-ray within the last 2 years. Submitted physical exam forms must state that the student is free from symptoms of active disease. The presence of potential signs or symptoms of TB will require further evaluation before clearance is granted. |

OTHER NON MEDICAL REQUIREMENTS

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| CPR Certification | Every 2 Years | Copy of your valid CPR documentation, indicating the issue date and expiration date. BLS and/or ACLS are acceptable. |
| Nursing License | Every 2 Years | Copy of your valid NYS Registration Certificate or copy of online verification, indicating RN license number and date of expiration. |
| Health Insurance | One Time | Please provide a copy of your health insurance card. |