Clinical Observer-Health Screening Form
University at Buffalo School of Dental Medicine

Applicant:

Name: _____ _____ _____
Last First MI

Local Address: _____ _____ ____ _____
Street Address City State ZIP Code

Telephone Number (___) ___-_____ e-mail _____
Area Code

Dear Physician:

Name: _____Telephone No. _____ has applied to observe the delivery of dental care to patients in the clinics of the University at Buffalo School of Dental Medicine. In compliance with the New York State Health Code 405, all prospective observers are required to have this health screening form completed prior to his/her assignment. Please complete this form and send it to the address shown below. Thank you for your cooperation.

University at Buffalo
School of Dental Medicine
Attn: Ms. Robin L. Comeau
325 Squire Hall
Buffalo, NY 14214-8006
FAX: 716 – 833-3517

_____ has no health condition, which would prohibit their ability to observe in the clinics of the School of Dental Medicine or might present a health hazard to patients, students, faculty or staff. I know of no reason for limiting his/her activities.

In accordance with New York State Code 405, my patient will be required to have TB skin testing (PPD) and MMR immunization verification. Obtaining seasonal Influenza vaccination is also strongly recommended, but not a requirement for participation at this time. If I feel test or vaccination is contraindicated for my patient, I will provide the School of Dental Medicine with written documentation. If known positive PPD, I will provide documentation of PPD reading, treatment and most recent chest x-ray.

Please Print:
Name of Physician: _____

Address: _____

Physician Signature _____Date:_____