

Non-Employee Attestation Form and Signature Page
(Completion of this document is required before an ID badge will be issued)

Name:

DOB:

Date:

Primary Source Verification – IF APPLICABLE I attest that I hold a valid WV license, certification or registration as required for the services I will be performing if required by law or regulation. I further attest that a copy of primary source verification can be provided before I initially begin performing services at Cabell Huntington Hospital and primary Source Verification is available before my license, certification or registration expires.	_____ initial
--	------------------

ALL APPLICANTS MUST RESPOND TO THE NEXT TWO STATEMENTS

Orientation and Confidentiality Agreement I attest that I have read and understand orientation materials and that my duties and responsibilities to maintain confidentiality as set forth in the Cabell Huntington Hospital Confidentiality Agreement shall remain in effect even after my access to PHI ceases	_____ initial
FIT Test I understand that in order to go into a room where a patient is on airborne precautions I must wear a special N95 respirator mask. I attest that I will not enter that area unless I have been fit tested at Cabell Huntington Hospital.	_____ initial
Physical and Functional Status I attest that I have no physical or mental disabilities that would prevent me from performing services at Cabell Huntington Hospital.	_____ Initial

ALL APPLICANTS (EXCEPT THOSE WHO ARE COVERED BY AN AFFILIATION AGREEMENT THAT INCLUDES ALL THE FOLLOWING) MUST ALSO RESPOND TO THE NEXT TWO STATEMENTS

Criminal Background Check (Not applicable for applicants for the Student Job Shadowing Program) I attest that I have completed a background check and passed within the last 12 months.	_____ Initial
Drug Test (Not applicable for applicants for the Student Job Shadowing Program) I attest that I have taken and passed a 10 panel drug test within the last 12 months.	_____ Initial

ALL APPLICANTS (EXCEPT THOSE WHO ARE COVERED BY AN AFFILIATION AGREEMENT THAT INCLUDES ALL THE FOLLOWING) MUST ALSO PROVIDE EVIDENCE OF THE FOLLOWING:

<ul style="list-style-type: none"> • TB Test received within the last 12 months • Influenza vaccination for the current flu season (October - March) • Immunization records for the following: <ul style="list-style-type: none"> ○ Hepatitis B ○ MMR ○ Varicella ○ Tdap These records will be reviewed by the CHH Occupational Health Department. I understand that I may be required to receive additional vaccinations and/or titers	_____ initial
---	------------------

Release of Information & Attestation:

I authorize the use or disclosure of any health information listed on this page to Cabell Huntington Hospital. I understand that authorizing the use or disclosure of this health information is voluntary but may be a condition being able to perform services or otherwise conduct business with Cabell Huntington Hospital. Unless revoked, this authorization will be effective for no more than two years from the date signed.

I also attest that I have given correct information on this attestation form. I understand that if asked can provide verification of this information. I understand that providing false information will result in me no longer being able to perform services or otherwise conduct business with Cabell Huntington Hospital.

Written Name

Signature

Date