

APPLICANT

- (1) Enter your full name: _____
- (2) Check the one box below that is applicable to you.
- (3) When you print out this application document, date and sign this form.
- (3) Return this dated and signed form with the printed application document.

DOCUMENTATION CONCERNING INFECTIOUS & COMMUNICABLE DISEASES

For the health and safety of students, patients, and others with whom you may come in contact, the Emory University School of Medicine has established certain requirements concerning immunization, laboratory testing, and surveillance. To be certain that each applicant understands and has the opportunity to discuss the infectious and communicable diseases of concern during the application process, please complete and submit this form as part of your application.

I declare that, to the best of my knowledge, I do not have nor have reason to suspect that I have ...

... hepatitis A, hepatitis B, or hepatitis C.

... hepatitis of another form or known by another designation.

... tuberculosis [TB] in its pulmonary form or in any other form.

... human immunodeficiency virus [HIV] or acquired immune deficiency syndrome [AIDS].

In the Application to the Anesthesiology Program, I have read the sections on Health Requirements and on Documentation Concerning Infectious and Communicable Diseases, and I would like to discuss related matters with one of the Program Directors before my application is finalized.

SIGNATURE

DATE