

FOURTH YEAR MEDICAL CLERKSHIP APPLICATION

Thank you for your interest in our medical student clerkship program. Senior elective clerkships may be available to qualified students for an aggregate period not to exceed four months.

Eligibility: You may apply for senior clerkships IF:

1. You are a current student in good standing and will be in the last year of the formal medical school program by the time you begin the clerkship.
2. Generally, the required core clerkships listed below must be completed before an elective rotation can be done. The department must authorize an exception.

Required Core Clerkships

| | |
|-----------------------|---------|
| Surgery | 8 weeks |
| Medicine | 8 weeks |
| Pediatrics | 8 weeks |
| Obstetrics Gynecology | 8 weeks |
| Psychiatry | 6 weeks |

To apply for a clerkship, you must submit a completed application form, signed by the dean. The school seal must be affixed. The back of the application lists the clerkship options.

If accepted, you must present documentation which satisfies our infection control requirements prior to beginning the clerkship. You must also meet health and insurance requirements. Please see attached handouts for details.

We need at least four weeks to process an application, however some electives may need to be secured earlier. We encourage you to check with departments to determine availability for specific dates. You can call this office if you have questions about whom to call.

Please feel free to call our office at 312/864-0431 if you have questions.

Sincerely,

Karen Cronin



PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS

The following professional liability insurance information must be submitted as part of your application for an elective rotation at Stroger Hospital:

We require a **Certificate of Insurance** indicating the coverage to be in effect. Do not submit a copy of the insurance policy itself.

The Certificate of Insurance must state that the insurance in effect will not be canceled or modified without thirty (30) days prior notice to Stroger Hospital.

The Certificate must include a statement that the insurance specifically covers you while you are participating in a clinical program at Stroger Hospital.

Some minimum amounts of coverage are \$1,000,000 per occurrence, and \$3,000,000 aggregate.

Your application will not be considered approved until all of the above requirements are met, therefore please include the certificate with your application.

Summary of Requirements on the New Stroger Certificate of Compliance Health Form

- You may start using the new health form immediately; however, we will accept the old form through August 31, 2004. Beginning September 1, 2004, all students must meet the new requirements before starting a rotation at Stroger
- A two-step tuberculin skin test is now required. It will take a minimum of 10 days to complete the testing. Place the first test and read 48 – 72 hours later. One to three weeks after placement of a negative first test, place the 2nd test. Read 48 – 72 hours later.
- Regardless of immunization status, titers are required for measles, rubella, varicella and Hepatitis B. Lab results must be attached to the certificate of compliance form. Please note, titers are *not required* for mumps.
- Measles and rubella immunity is required.
- Hepatitis B surface antigen is required only when Hepatitis B surface antibody is negative.
- For those with a positive TST step one or two, a chest x-ray is required within one year of start date at Stroger, or at the time a positive skin test was documented by the affiliated school.

(PLEASE PRINT LEGIBLY)

LAST NAME

FIRST NAME, M.I.

DATE

AFFILIATED INSTITUTION/CONTRACTING AGENCY

CONTACT NAME

PHONE NUMBER

CERTIFICATE OF COMPLIANCE
JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY
Infection Control Policies

All rotating physicians (including residents in affiliated programs), students, trainees, contracting agency employees and observers who have contact with Cook County Bureau of Health Services (CCBHS) patients, must adhere to the same infection control policies as apply to employees. These requirements follow CDC guidelines for infection control in health care personnel. Individuals continuing work at CCBHS must provide updated information on an annual basis. (See Stroger Infection Control Annual Review Form)

ALL PERTINENT LABORATORY RESULTS MUST BE ATTACHED

TUBERCULOSIS: Tuberculin Skin Test (TST), 2 STEP on hire.

TST reading must be done from 48-72 hours after application. Individuals must have proof of 2 TST within 90 days prior to work for CCHBS. If there is a positive TST, a baseline Chest X-ray is required.

| TST Step 1 | Date | Result | TST Step 2 | Date | Result |
|---------------|------|---------------|---------------|------|--------|
| | | mm induration | | | |

| | | |
|-------------------|-------|-----------------------------|
| CXR (if required) | Date: | Result (<i>ATTACHED</i>): |
|-------------------|-------|-----------------------------|

If history of positive TST, individual must be evaluated by their health care provider concerning signs and symptoms of illness possibly related to tuberculosis, including unexplained fever, cough, weight loss and night sweats. For individuals with a previous documented history of positive TST, a baseline Chest X-ray from within the past year is required.

| | | | | | |
|-------|-----|----|--------------|-----|----|
| Fever | Yes | No | Weight Loss | Yes | No |
| Cough | Yes | No | Night Sweats | Yes | No |

MEASLES (RUBEOLA), MUMPS & RUBELLA

SEROLOGY RESULTS (ATTACHED)

Antibody titers for measles and rubella must be provided. Immunity to measles and rubella is required. It is advised that health care personnel have immunity to mumps as well.

| | | | |
|----------------------|--------|------------|-------|
| MEASLES (RUBEOLA) | IMMUNE | NOT IMMUNE | DATE: |
| MUMPS | IMMUNE | NOT IMMUNE | DATE: |
| RUBELLA | IMMUNE | NOT IMMUNE | DATE: |

HEPATITIS B IMMUNITY

It is strongly advised by CDC and Stroger Hospital that health care personnel have immunity to Hepatitis B. Hepatitis B Surface Antibody titers are required post immunization to prove immunity. If the Hepatitis B Surface Antibody titer is negative, Hepatitis B Surface Antigen is required.

| | | | | |
|-------|---------------------|----------|----------|-----------------------------|
| Date: | HB Surface Antibody | Positive | Negative | (<i>RESULTS ATTACHED</i>) |
| Date: | HB Surface Antigen | Positive | Negative | (<i>RESULTS ATTACHED</i>) |

VARICELLA

Antibody titers are required. It is advised that health care personnel have immunity to Varicella.

| | | | | |
|-------|-----------|--------|------------|-----------------------------|
| Date: | Varicella | IMMUNE | NOT IMMUNE | (<i>RESULTS ATTACHED</i>) |
|-------|-----------|--------|------------|-----------------------------|

| | |
|--|--------------------------|
| Name of Trainee/Contractee: | Telephone Number: |
| (Print) | |
| Address: | |
| Street | City/State |
| | Zip Code |
| <i>I understand the Infection Control requirements of the Cook County Bureau of Health Services. I have undergone the tests listed above and give my permission for the person named hereon to release these results to the Cook County Bureau of Health Services.</i> | |
| Signature of Trainee/Contractee | Date |

CERTIFICATION OF RESULTS

| | | |
|---|---------------------------------|--------------|
| <i>I certify that the information herein is complete and correct to the best of my knowledge.</i> | | |
| Signature of Health Provider, Title (MD,RN, other) | Name of Institution or Agency** | Phone Number |
| Printed Name | Address | Date |

****OFFICIAL STAMP OR SEAL OF INSTITUTION OR AGENCY IS REQUIRED
EXPLANATORY INFORMATION**

TUBERCULOSIS

Two- step Tuberculin Skin Testing (TST) is required prior to work for CCBHS. Standard TST testing of 5TU intradermal is given.

- If positive (≥ 10 mm induration), a chest x-ray is obtained.
- If the initial TST is negative, a second 5 TU TST, performed at least one week after the first negative TST, is required.
- If either TST is positive, the individual must be assessed for the signs/symptoms of active tuberculosis and a chest Xray obtained.
- Individuals with a documented history of positive TST or active tuberculosis are not required to undergo TST testing. A baseline Chest Xray result from within the past year must be forwarded with this Infection Control information.
- Tuberculosis screening must be updated annually for work at CCBHS.

RUBELLA (German Measles)

All individuals must have evidence of Rubella immunity documented by antibody titer prior to work at CCBHS.

RUBEOLA (Measles)

All individuals must have evidence of Measles immunity documented by antibody titer prior to work at CCBHS.

MUMPS

It is advised that all health care personnel have immunity to Mumps.

- In the event of an exposure, nonimmune individuals would be precluded from work and requested to receive mumps vaccine.

HEPATITIS B

Hepatitis B Surface antibody status is required.

- It is strongly recommended that all individuals participating in this program complete the immunization series for Hepatitis B.
- Once completed, immunization status must be CONFIRMED by repeating the Hepatitis B antibody titer test.
- If a blood or body fluid exposure occurs at work, individuals not immune to Hepatitis B would be offered Hepatitis B immunization and possibly advised to receive Hepatitis B immune globulin.

VARICELLA

Varicella IgG Antibody testing is required.

- It is strongly recommended that non-immune individuals be vaccinated.
- In the event of a varicella exposure, non-immune individuals would be precluded from work, advised to receive varicella vaccine and possibly be advised to receive Varicella Zoster Immune Globulin.

DOCUMENTATION NOT REQUIRED FOR:

TETANUS

Vaccination or booster within 10 years is recommended.

Revised 5/19/04

Prepared by the Office of: John H. Stroger, Jr. Hospital of Cook County
Employee Health Service/Infection Control



MEDICAL STUDENT ELECTIVE CLERKSHIP APPLICATION

{PLEASE PRINT}

Name in Full: _____
 (Last) (First) (Middle)

E-Mail address: _____

Permanent Address: _____

Telephone: _____ Sex: _____ SSN _____ - _____ - _____

Medical School: _____

Medical School Registrar's Office Phone Number: _____

Date of Graduation: _____ (must be indicated)

CLERKSHIPS

Requested Dates: _____ to _____
 ***YOU MUST CALL THE RELEVANT DEPARTMENT TO DETERMINE DATE AVAILABILITY
 BEFORE COMPLETING THIS APPLICATION. THE AREA CODE FOR ALL NUMBERS IS 312.

YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH ROTATION

CLERKSHIPS OFFERED (INDICATE ONE CHOICE ONLY):

| | | |
|--|--|---------------------------------------|
| ANESTHESIOLOGY _____ (See attachment) (864-3217) | OBSTETRICS/GYNECOLOGY _____ (864-5918) (Please mark the appropriate categories below) | PSYCHIATRY _____ (864-8002) |
| EMERGENCY MEDICINE _____ (864-0062) | Complicated OB # of Weeks _____ | |
| | Endocrinology # of Weeks _____ | |
| | Gyne Ward Service # of Weeks _____ | |
| FAMILY PRACTICE _____ (864-3533) | Labor & Delivery # of Weeks _____ | SURGERY (864-3247) |
| In-Patient _____ | Oncology # of Weeks _____ | Burn _____ |
| Out-Patient _____ | | Cardio-Thoracic _____ |
| | | Colon & Rectal _____ |
| | | Gen Surgery _____ |
| MEDICINE _____ (864-7320 www.cchil.org) | PEDIATRICS | Neurosurgery _____ |
| Cardiology _____ | Adolescent Med _____ (864-3585) | Oncology _____ |
| Dermatology _____ | Allergy/Immunology _____ (864-4529) | Ophthalmology _____ |
| Endocrinology _____ | Ambulatory Peds _____ (864-0410) | Oral Surgery _____ |
| Gastroenterology _____ | Child Advocacy _____ | Orthopedics _____ |
| Hematology _____ | (Child Protective Services) _____ (864-1272) | Otolaryngology _____ |
| Infectious Disease _____ | Peds Critical Care _____ (864-4093) | Peds Surgery _____ |
| I.M. Sub - I _____ | Peds Emergency Medicine _____ (864-1272) | Plastic Surgery _____ |
| Intensive Care Unit _____ | Peds Endocrinology _____ (864-4172) | Intensive Care _____ |
| Nephrology _____ | Peds Gastroenterology _____ (864-4144) | Urology _____ |
| Neurology _____ | Peds Genetics _____ (864-4157) | RADIOLOGY _____ |
| Occupational _____ | Peds Hematology/Oncology _____ (864-4154) | (864-3825) |
| Oncology _____ | Peds Infectious Disease _____ (864-4156) | |
| Primary Care _____ | Neonatal Intensive Care _____ (864-4043) | TRAUMA _____ |
| Pulmonary _____ | | (864-2733) |
| Rheumatology _____ | | |

MEDICAL SCHOOL APPROVAL

The above-named individual is a student in good standing at this institution. He/she is authorized to take this Clerkship at the John H. Stroger, Jr. Hospital of Cook County

 (JHSHCC) Program Signature Date

 Signature of School Official Date

Approved Denied

 Title