

OMS PRE-PLACEMENT SUMMER STUDENT EVALUATIONS

Packet: Letter from Dr. Schmitt to Personnel Officer, letter from Dr. Schmitt to summer student, Documentation of Immunization form, Authorization for Treatment of a Minor Form.

WHO: Any student who will have contact with:

- Patients
- Human blood or body fluids
- Animals – **any animal**
- Work in Building 10

WHEN: Every day **except Thu**, May 9th through June 30th
Hours May 9-13: 8:00 a.m. – 11:00 a.m.
Hours May 16-Jun 30: 8:00 a.m. – 11:00 a.m. **and** 1:00 p.m. – 3:30 p.m.
Students arriving before May 9th can schedule appointments on a limited basis

HOW:

- The student should call OMS at (301) 496-4411 to schedule an appointment.
- The appointment will take approximately 20 minutes. The student is expected to bring with them their completed Documentation of Immunization Form. (3rd page in pkt)
- Any student who is to breathe the air of non-human primates will have a lab appointment.

In addition, if the student is under the age of 18 years, they must bring with them a signed Authorization for Treatment of a Minor form from their parent or legal guardian authorizing treatment by OMS clinicians. (4th page in pkt) Any minor who presents to OMS without this form cannot be seen in OMS.

WHO IS NOT SEEN: Any student who will **not** be exposed to any of the above does not need to be seen in OMS for pre-placement.

EXAMPLES:

- A student working in Bldg. 31 filing papers
- A student working in the National Library of Medicine returning magazines to the stacks
- A student working in Rockledge 1 on a computer project

At the time the student schedules an appointment, the appointment clerk will review with the student the nature of the work they will be doing. This should ensure that students who do not need to be seen would not waste their time unnecessarily.

PLEASE ASK STUDENTS WHAT THEY WILL BE WORKING WITH AND GET RID OF ALL YOUR OLD FORMS.

RECAP: Summer students coming to OMS for a pre-placement evaluation must bring:

- Documentation of Immunizations – completed and signed by their health care provider
- **Signed Authorization for Treatment of a Minor if under 18 years of age.**