

**COLLEGE TRAINEE INFORMATION PACKET**  
**SUMMER DETAILS LETTER – TORONTO, CANADA**

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**To:** College Trainee  
**From:** Dr. Moses Williams, *Executive Director & Founder*  
**Re: Summer Details for Physician Scientist Training Program**

We are pleased to have you participate in our College summer training program at the University of Toronto on the following dates:

**May 14, 2015 – August 6, 2015 – 12-weeks**

All students must arrive on their appropriate date between 9am and 8pm. All students are required to attend the entire work period. You must send us a copy of your **health insurance card** before **March 1**. Let us know if you do not have health insurance so that we can provide you with insurance. You must also have a passport and another form of identification (drivers license, notarized copy of your birth certificate, official school ID) in order to cross the US/Canadian border. You will receive one week before your departure date your airplane ticket, details about your living accommodations, food allowance and 1/3 of your total stipend (\$3000). Stipends will be sent in thirds.

The following items must be brought to the work location:

1. special events uniform (if it does not fit, contact D. Moses Williams at 267. 238. 2900 or [moses.lee.williams@gmail.com](mailto:moses.lee.williams@gmail.com))
2. the work uniform. If your old lab jacket does not fit, fill out the enclosed Shirt/Lab Coat Size Form for a new one.
3. students may bring personal computers (PSTP will not be responsible for any lost or stolen items)
4. students should bring: bed linens, towels, washcloths, toiletries, laundry detergent, laundry money, bathing suit, personal spending money for weekend outings (debit card and/or traveler checks), etc.

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## **COLLEGE TRAINEE INFORMATION PACKET**

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### **SUMMER DETAILS LETTER – TORONTO, CANADA (Continued)**

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The following forms should be completed in their entirety and sent to the address below before **March 1**:

**Dr. Moses Williams**  
**The Distance Learning Center**  
**1324 W. Clearfield St**  
**Philadelphia, PA 19132**

#### **College Trainees:**

- College Trainee Letter (Read Only)
- Trainee Information Update Form
- Rules of Behavior Form
- Proof of Insurance Form
- W-9 Form
- I-9 Form
- Absence Policy Form
- Consent and Release of Individual Form
- Hospital Consent Form
- Shirt/Lab Coat Size Form
- Special Events Uniforms Update Form
- Student Health Form

**PLEASE MAKE COPIES OF ALL FORMS FOR YOUR RECORDS**

**COLLEGE TRAINEE INFORMATION PACKET**  
**SUMMER DETAILS LETTER – VANCOUVER, CANADA**

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**To:** College Trainee  
**From:** Dr. Moses Williams, *Principal Investigator*  
**Re: Summer Details for Physician Scientist Training Program**

We are pleased to have you participate in our College summer training program at the University of British Columbia (Vancouver) on the following dates:

**May 21, 2015 – August 13, 2015 – 12-weeks**

All students must arrive on their appropriate date between 9am and 8pm. All students are required to attend the entire work period. You must send us a copy of your **health insurance card** before **March 1**. Let us know if you do not have health insurance so that we can provide you with insurance. You must also have **two (2) forms of identification** (drivers license, passport, notarized copy of your birth certificate, official school ID) in order to cross the US/Canadian border. You will receive one week before your departure date your airplane ticket, details about your living accommodations, food allowance and 1/3 of your total stipend (\$3000). Stipends will be sent in thirds.

The following items must be brought to the work location:

1. special events uniform (if it does not fit, contact D. Moses Williams at 267. 238. 2900 or [moses.lee.williams@gmail.com](mailto:moses.lee.williams@gmail.com))
2. the work uniform. If your old lab jacket does not fit, fill out the enclosed Shirt/Lab Coat Size For
3. students may bring personal computers (PSTP will not be responsible for any lost or stolen items)
4. students should bring: bed linens, towels, washcloths, toiletries, laundry detergent, laundry money, bathing suit, personal spending money for weekend outings (debit card and/or travelers checks), etc.

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**COLLEGE TRAINEE INFORMATION PACKET**

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**SUMMER DETAILS LETTER – VANCOUVER, CANADA** (Continued)

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The following forms should be completed in their entirety and sent to the address below before **March 1**:

**Dr. Moses Williams**  
**The Distance Learning Center**  
**1324 W. Clearfield St**  
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**College Trainees:**

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- Student Health Form

**PLEASE MAKE COPIES OF ALL FORMS FOR YOUR RECORDS**

**COLLEGE TRAINEE INFORMATION PACKET**  
**TRAINEE INFORMATION UPDATE FORM**

Racial Ethnicity: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Citizenship: \_\_\_\_\_

d.O.B.: \_\_\_\_\_

Check Box:  Male  Female

Date: \_\_\_\_\_

name of Student: \_\_\_\_\_

Check if New Address  Mailing Address:# \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

Email Address (required): \_\_\_\_\_

**Parent/Guardian Information**

Mother			Father		
Last	First	Middle	Last	First	Middle
Home Phone: ( )			Home Phone: ( )		
Work Phone: ( )			Work Phone: ( )		
Cell Phone: ( )			Cell Phone: ( )		
Email Address: _____			Email Address: _____		

**School Information**

name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

School Phone: ( ) \_\_\_\_\_ Student Cell Phone: ( ) \_\_\_\_\_

**Emergency Contact Information**

Relationship to Student: \_\_\_\_\_

name of Contact: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

## **COLLEGE TRAINEE INFORMATION PACKET**

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### **RULES OF BEHAVIOR**

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I/We \_\_\_\_\_, the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor (hereinafter referred to as “the PSTP Trainee”), intending to be legally bound, hereby consent and grant permission for the PSTP Trainee to participate in the academic and recreational activities of the Physician Scientist Training Program, and to live in the dormitory that is provided by The Distance Learning Center.

I/We will not hold The Distance Learning Center, other partnering institutions or any other person or corporation duly authorized to provide services for the PSTP liable for the criminal, negligent, reckless or intentional acts or omissions of the PSTP Trainee.

I/We agree that the PSTP trainee will abide by the following rules and procedures of the Physician Scientist Training Program (PSTP) and are understood and agreed to by the undersigned. The Parent(s) or Legal Guardian(s) and the PSTP Trainee must initial each numbered rule:

- \_\_\_\_\_ **1.** The trainee must follow all of the directions given by the Program Director, staff, dormitory monitors and mentors regarding Program rules and safety procedures. Failure to follow the directions given by the above named individuals will result in immediate dismissal from the PSTP.
- \_\_\_\_\_ **2.** The trainee will not use alcohol or illegal drugs or engage in criminal activity. Engaging in the aforementioned will result in immediate dismissal from the PSTP.
- \_\_\_\_\_ **3.** The trainee will respect the rights and privacy of others and will not engage in disruptive or inappropriate behavior that interferes with the activities of the PSTP. Profanity, inappropriate language and verbal abuse, fighting and inappropriate sexual contact will result in immediate dismissal from the PSTP.
- \_\_\_\_\_ **4.** The trainee will respect the private property of others. Stealing or vandalizing will result in immediate dismissal from the PSTP.
- \_\_\_\_\_ **5.** The male trainee is not allowed to visit the dormitory room of female trainees, and the female trainee is not allowed to visit the dormitory room of male trainees. If the trainees of opposite sex have to meet, they should do so in one of the dorm lounges or the dorm lobby. Entering the dorm room of a trainee of the opposite sex will result in the immediate dismissal from the PSTP.
- \_\_\_\_\_ **6.** The trainee will not leave his/her dormitory alone. He/she will travel outside the dorm with at least one other trainee, dorm monitor or program staff member.
- \_\_\_\_\_ **7.** The trainee will keep the door to his/her dormitory room locked at all times. The trainee will not admit anyone into his/her room who is not a roommate, dorm monitor or staff member. The trainee is not allowed to have overnight guests in the room.
- \_\_\_\_\_ **8.** The trainee is advised to maintain one locked piece of luggage in which to secure expensive and/or valuable personal items. Purses and wallets should not be left in the public areas of the dorm or classrooms. The PSTP is not responsible for the trainee’s personal property.
- \_\_\_\_\_ **9.** Dorm rooms, hallways and laundry/trash areas must be kept clean at all times.
- \_\_\_\_\_ **10.** The senior high trainee must be in his/her dorm building by 9:00 pm and in the dorm room by 10:30 pm. The trainee must obey the noise curfew from 10:00 pm to 7:00 am., Sunday through Thursday. No loud music, talking or noise is allowed in the dorm room.

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**COLLEGE TRAINEE INFORMATION PACKET**

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**RULES OF BEHAVIOR** (Continued)

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\_\_\_\_\_ **11.** The trainee is not allowed to leave the dorm for an overnight visit with any person. The trainee is only permitted to leave the dorm or campus with a parent or legal guardian if the parent/guardian returns the trainee before the 10:30 pm curfew.

\_\_\_\_\_ **12.** The trainee must wear a clean pressed uniform Monday to Friday. His/her uniform must be worn correctly according to the staff, with shirt tucked in, belt showing, and pants not sagging.

\_\_\_\_\_ **13.** The trainee is expected to attend all classes from Monday to Friday between the hours of 8:30 am to 4:30 pm. The trainee must achieve a B grade in all courses in order to be invited back the next summer.

\_\_\_\_\_ **14.** The trainee will not engage in horseplay in any of the buildings on campus, and understands that attendance at Study Hall, Trips and other PSTP sponsored activities is mandatory.

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**PSTP Trainee**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**COLLEGE TRAINEE INFORMATION PACKET**  
**PROOF OF INSURANCE FORM**

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Trainee's Name: \_\_\_\_\_

Please make a copy of your insurance card, front and back, in the section below or on a separate piece of paper and attach to this form.

If you do not have insurance, notify Dr. Moses Williams at [moses.lee.williams@gmail.com](mailto:moses.lee.williams@gmail.com).  
All students should have health insurance before they arrive.





Form **W-9**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**Print or type**  
**See Specific Instructions on page 2.**

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

#### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
				-			-			

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number										
				-						

#### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**COLLEGE TRAINEE INFORMATION PACKET**

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**CONSENT TO MINOR'S HEALTH SCREENING AND TREATMENT FOR VOLUNTEER SERVICES**

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Temple University, Drexel University, University of Pennsylvania, Thomas Jefferson University, National Institutes of Health, require all volunteers to undergo a skin test to check for exposure to tuberculosis and a blood test which includes screening for immunity to certain infectious diseases such as rubella and chicken pox. Any volunteer found not to be immune to rubella is required to receive a vaccination.

The written consent of a minor's parent, guardian, or other legally responsible party is required for the performance of any medical services unless the minor has graduated from high school or is married or pregnant.

**I hereby consent to the performance of all required medical services to my son/daughter by the aforementioned Universities and/or Medical Research Institutes, including vaccination against measles, rubella and mumps if indicated.**

**I also agree to allow the aforementioned Universities to provide any necessary episodic medical care that my son/daughter may require during his or her volunteer placement.**

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**Minor's Name**

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**Signature of Parent/Guardian**

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**Print Name:**

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**Address**

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**Relationship to Minor**

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**Date**

**Notary**

**COLLEGE TRAINEE INFORMATION PACKET**

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**CONSENT AND RELEASE OF INDIVIDUAL**

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Physician Scientist Training Program  
The Distance Learning  
1324 W. Clearfield S  
Philadelphia, PA 19132  
Tel: (267) 238. 2900 ext.1

I \_\_\_\_\_, do hereby grant permission to the Physician Scientist Training Program (PSTP) to be the surrogate Guardian of my minor child

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**Minor's Name**

when said child is engaged in PSTP programmatic activities during the summer months and school year at all PSTP affiliated academic institutions, pharmaceutical companies, institutes/centers at the national Institutes of Health, and at scientific meetings. I assign the PSTP or affiliate entities the right to oversee my child's supervision at their venues, and consent to the aforementioned entities, taking my child to a hospital emergency room when he/she requires medical attention.

I agree that all records, pictures, videos produced while my child is under the supervision of the PSTP and/or its affiliates will remain the property of said entities.

I am over twenty-one years of age, and I am the parent and/or legal guardian.

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**Signature of Parent/Guardian**

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**Relationship**

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**Date**

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**Notary**

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**COLLEGE TRAINEE INFORMATION PACKET**  
**HOSPITAL CONSENT FORM**

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I, the parent of \_\_\_\_\_  
give the Physician Scientist Training Program (PSTP) consent to take my child to the hospital emergency  
room when he/she is ill.

I also grant the hospital the right to treat my child under PSTP supervision.

\_\_\_\_\_  
name

\_\_\_\_\_  
**Notary**

\_\_\_\_\_  
Date

**COLLEGE TRAINEE INFORMATION PACKET**  
**ABSENCE POLICY FORM**

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Dear Parents:

The purpose of this letter is to inform you of the Physician Scientist Training Program (PSTP) Absence Policy. Your child is expected to attend the entire length of the program. Noncompliance with this policy will result in your child's termination from the summer program.

- \_\_\_\_\_ 1. Overnight stays at home **are not permitted** under any circumstances.
- \_\_\_\_\_ 2. Absences from the program **will not be tolerated** at anytime.  
\* **Only signed, medically documented absences** will be excused.  
**\* MAKE ALL DOCTOR'S AND DENTIST'S APPOINTMENTS  
BEFORE THE PROGRAM BEGINS or AFTER THE PROGRAM ENDS.**
- \_\_\_\_\_ 3. There will be no overnight visits in the dorm from any family member or friend allowed at any time during the program.
- \_\_\_\_\_ 4. Parents are not permitted to pick up their children from the program unless it is during the hours specified by the PSTP office.

Our office will inform you of the time allotted for family visits. At that time, you will need to contact Dr. Moses Williams by phone. Requests made by fax will not be accepted or approved.

It is crucial that you understand that your child will be immediately dismissed from the program should a violation of any of the above statements occur. Please initial each of the statements, sign at the bottom, and return this letter to the PSTP office. We suggest you make a copy of this form for your files.

Sincerely,

Dr. Moses Williams  
*Executive Director & Founder*

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**COLLEGE TRAINEE INFORMATION PACKET**

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**SHIRT/LAB COAT SIZE FORM**

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name: \_\_\_\_\_ Grade: \_\_\_\_\_

PSTP Shirt Size (Please Check One Size)

**Adult** —     Small     Medium     Large     X-Large

**Youth** —     Small     Medium     Large     X-Large

Lab Coat Size (Male Coat Size, example size 38): \_\_\_\_\_

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**COLLEGE TRAINEE INFORMATION PACKET**  
**SPECIAL EVENTS UNIFORMS UPDATE**

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- All special events uniforms should be tailored, etc. boys' pants hemmed.
- All PSTP emblem patches should be sewn onto the green blazer pocket.
- Girls can wear skin tone stockings, green stockings are not required.
- Girls can wear black shoes with a ½" heel or less.
- Boys must wear black loafers or black tie-up dress shoes.



**COLLEGE TRAINEE GRADE INFORMATION PACKET**  
**STUDENT HEALTH FORM**

Student's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Student's Statement**

I (Student's Signature) \_\_\_\_\_ [ ] deny the use of or [ ] use  
 substances that are habit forming (depressants, stimulants, narcotics) or excessive alcohol which may  
 interfere with my ability to deliver responsible patient care.

**Immunization**

**Measles # 1:** date \_\_\_\_\_ **#2:** date \_\_\_\_\_ Viral titer \_\_\_\_\_

**Mumps # 1:** date \_\_\_\_\_ **#2:** date \_\_\_\_\_ Viral titer \_\_\_\_\_

**Rubella Antibody Titer:** Immune \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ Susceptible \_\_\_\_\_ date \_\_\_\_\_

**Varicella Antibody Titer:** Immune \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ Immunization **#1:** date \_\_\_\_\_ **#2:** date \_\_\_\_\_

\_\_\_\_\_ History [ ] No [ ] Yes date \_\_\_\_\_

**Hepatitis B Antibody titer:** Immune \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ Susceptible \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ Immunization **#1:** date \_\_\_\_\_ **#2:** date \_\_\_\_\_

**PPD skin test (by Mantoux, must be within last year):** \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ (mm.Induration) \_\_\_\_\_

\_\_\_\_\_ If positive, results ad date of chest x-ray \_\_\_\_\_

\_\_\_\_\_ Isoniazid treatment (date started \_\_\_\_\_ , date completed \_\_\_\_\_ )

**Influenza immunization:** date \_\_\_\_\_

**Tetanus/Diphtheria booster (must be within the last ten years):** date \_\_\_\_\_

\_\_\_\_\_ Certifying Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Printed Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_