

Department of Undergraduate Medical Education (UME)  
**ONE BROOKLYN HEALTH**

**REGISTRATION & SIGN IN FORM**

Today's Date: \_\_\_\_\_ ROTATION Name: \_\_\_\_\_

Rotation Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ No of Weeks: \_\_\_\_\_

CAMPUS (please check): \_\_\_\_\_ Kingsbrook \_\_\_\_\_ Interfaith \_\_\_\_\_ Brookdale

**Health and Security Attestation**

FULL NAME:

Student Email Address:

Student Telephone No:

Medical School:

**Statement of Self-Declaration of Fitness**

I, \_\_\_\_\_, hereby declare that I am physically fit and free of habituations and addiction to depressants, stimulants, narcotics, alcohol and other illicit drugs/substances, other than those prescribed by a licensed physician, which may interfere with my ability to perform the duties of my clinical clerkship. I understand that any falsification, omission, or misrepresentation of this information will constitute just cause for dismissal from my association with One Brooklyn Health.

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

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

*I received student orientation, code of conduct, HIPAA & infection control procedures. By signing this form, I attest that all UME and all related clerkship materials have been received, reviewed & understood.*

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

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

**Current Address (while in rotation at OBH) & Contact Information:**

Address:

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

Telephone Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name & Relationship to Student: \_\_\_\_\_

Address & Telephone Number: \_\_\_\_\_

