

MEADOWLANDS HOSPITAL MEDICAL CENTER

Vendor/Contractor Personal Data & Attestation Form

VENDOR/CONTRACTOR INFORMATION

NAME _____ LAST 4 DIGITS OF SSN _____

PHONE _____ EMAIL _____

COMPANY NAME _____

SUPERVISOR NAME _____ EMAIL _____

The individual named above has had the following completed and it is on file in the appropriate department. Medical Clearance has been performed by vendor and attests this individual is medically cleared.

Medical Clearance
(titers, ppd's and drug screening, proof of flu shot during months of Oct-March)

Hospital Orientation Test
(covering Infection Control, Confidentiality, Fire Safety and Emergency Preparedness, etc.)

Confidentiality Statements/HIPPA Compliance

Vendor/Contractor Supervisor

Date

Vendor/Contractor should bring this form and all accompanying documentation to the Manager of the department they are visiting on their first day.

**MHMC Manager should email this Attestation form to HR.
Please keep all other documents on file in your department.**