

Memorial

H E A L T H

Experience Excellence.

Agency Employee Attestation Form

Agency: _____ Agency Employee Name: _____

Start Date: _____ * Agency Employee Number: _____

Orientation Date _____ Agency Employee Job Title: _____

Please ensure that the following requirements have been met prior to placing an employee at Memorial Health:

- A completed background check consisting of the following screens **(on file with contracting agency)**:
 - State or County Criminal History (example: GA)
 - Federal District Criminal History
 - Social Security Number Trace
 - National Sex Offender Search
 - OFAC (national terrorism watch list search)
 - HHS/OIG Search
 - GSA Search
 - Proprietary Records Search
- A valid drug screen by NIDA-certified lab **(on file with contracting agency)**.
- Completed Form I-9 (Employment Eligibility Verification) with two acceptable forms of employment eligibility documentation as reviewed and verified by our qualified staff **(on file with contracting agency)**.
- Work history and education verification **(on file with contracting agency)**:
 - Two current employment references and/or performance evaluations, to be sent with application
 - Licensure and/or certification, if applicable
- Health screen documentation **(on file with contracting agency)**:
 - Current TB skin test documentation (completed within the last three months) or current chest X-ray results (within last five years) from certified healthcare provider
 - Titer results for Hepatitis B from certified laboratory or healthcare provider
 - Proof of two vaccines for measles, mumps, rubella (MMR) vaccines or blood titer results
 - Proof of two varicella (chicken pox) vaccines or blood titer results
 - Proof of tetanus vaccine with 10 years of start date
- Flu shot documentation during flu season **(must be provided to Memorial Health)**.
- Completion of Annual Required Training (ART) prior to start date, as assigned by Memorial Health.
- Signed copy of the Agency Employee Information Guide **(on file with contracting agency)**.

I verify that the above listed employee has completed all listed requirements.

Agency Representative

Name: _____ Email: _____

Title: _____ Phone: _____

**If no Agency Employee Number is available, please list the employee's last four digits of his/her ssn*

Revised 9/14