



An Academic Affiliate of
New York Medical College

Department of Orthopaedic Surgery
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**New York Medical College Queens Region
Undergraduate Medical Education Rotation
Certification Form**

STUDENT _____ **YEAR** _____

EXTERNSHIP _____ **DATES** _____

I. HEALTH ASSESSMENT

- Health Assessment Attached
- Immunization Record Attached

II. HEALTH INSURANCE

Coverage provided by _____

III. LIABILITY INSURANCE

Coverage provided by _____

IV. PRIVILEGES CREDENTIALLED BY MEDICAL SCHOOL (please check if approved for performance under general supervision).

- Venipuncture
- Starting IV Fluids

V. RECOMMENDATION BY DEAN OF MEDICAL SCHOOL:

I certify that this student is in good standing at _____ and
has been approved to participate in an orthopaedic externship at the Caritas Medical Centers.
This externship will _____, will not be _____ graded.

DATE

Medical School Dean