

PPE Attestation for GME ELECTIVES and MOONLIGHTING Requests:

Please attach a copy of the hospital's PPE policy, and/or have the following attestation signed by an authorized individual at the host hospital/entity.

NAME OF HOSPITAL: _____

Indicate if the following standards are required:

	INPATIENT COVID-19 positive & PUI patients REQUIRED		OUTPATIENT COVID-19 positive & PUI patients REQUIRED		All Aerosol Generating Procedures (AGPs)* REQUIRED	
	YES	NO	YES	NO	YES	NO
N95 Mask						
Face Shield or Goggles						
Gown						

**for the entirety of the procedure; includes procedures such as endoscopy, transesophageal echocardiograms, flexible laryngoscopy, bronchoscopy)*

- Does the institution have a universal masking policy for all employees and physicians?
 YES **NO**

- Is the institution practicing extended use or reuse of N95s? **YES** **NO**
 If "YES", what is the limit on the number of shifts or "donnings" acceptable for one N95? SHIFTS _____ DONNINGS _____

- Is the institution practicing decontamination of N95s? **YES** **NO**
 If "YES" what is the method being used? _____

AUTHORIZED HOSPITAL OFFICIAL

Name:

Title:

Date:

Signature: _____