

HEALTH AND BACKGROUND SCREENING ATTESTATION

SCHOOL NAME

HEALTH OF PROGRAM PARTICIPANTS. School affirms the Program Participant(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 12 months; and
2. Proof of Rubella and Rubella immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.
5. Negative drug screen.
6. Covid vaccination documentation
7. Influenza vaccination during flu season (Nov 10-March 31). Students who decline may not be cleared to rotate in the facility.

BACKGROUND CHECKS. School has conducted a retrospective background check on all students assigned to the program prior to their participation in clinical activities. This background must be sent to the hospital and must be clear. **STAFF/FACULTY responsible for supervision and/or instruction must provide a background screening to the Education department.**

The background check included the following:

1. Social Security number verification.
2. Criminal Search (7 years)
3. Violent Sexual Offender & Predator registry
4. HHS/OIG/GSA

Faculty: If rotating to the Mental Health unit, a Level 2 background screening with fingerprinting must be provided to the Hospital.

ATTENDING STUDENTS:

1. _____
2. _____

STAFF/FACULTY

1. _____
2. _____

School acknowledges this information will be available to all Tenet affiliates as reasonably necessary.

SCHOOL: _____

Name & Title: _____

Signature: _____

Date: _____