Erlanger Health System Orientation Checklist

 School Name: Program

 Semester/Term date: \_

By signing this form, the educational institution confirms that the following elements are current for the semester/term for each faculty and student. The school or institution agrees to provide any of the information below from the faculty or student file upon request of the clinical site(s). **This form must be emailed to the clinical site(s) before clinical groups may enter the facilities.**

Please provide the contact information of individual at the school or institution responsible for maintaining required documentation:

 Name Phone

 Email

|  |  |
| --- | --- |
| **Comments:** | **Required Documentation on file at school/institution:** |
|  | * Approved background check
 |
|  | * Physical Exam
 |
|  | * Negative drug screen (11-panel)
 |
|  | * Record of health that includes:
 |
|  | * Tdap vaccine w/in 10 years (students entering pediatric, OB or ED areas)
 |
|  | * Varicella Zoster (chicken pox) immunization record or proof of immunity
 |
|  | * MMR immunization record or proof of immunity
 |
|  | * Hepatitis B immunization series, titer or proof of declination
 |
|  | * Flu vaccine (students entering November—March)
 |
|  | * COVID-19 vaccination series or exemption on file as required by facility placement
 |
|  | * Negative Tuberculin skin test (PPD), or negative chest x-ray, or Negative Tspot, or Negative QuantiFERON Gold within last 12- mos (***for HCA facilities only***)/ on admission; and then annual TB screening form (***all remaining facilities***)
 |
|  | * OSHA/TOSHA fit-testing for N95 particulate respirator mask

\*Applicable for students assigned to inpatient care areas annually |
|  | * Current American Heart Association CPR with AED certification
 |
|  | * Malpractice insurance through school
 |
|  | * Completion of General Orientation Modules on TCPS website
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| **Documentation to be emailed or faxed to clinical site at least one week prior to start date:** |
| **Comments:** |  |
|  | * Completed Orientation Checklist
 |
|  | * Student roster of clinical dates, student names and clinical instructor/faculty contact numbers
 |

Only one hospital orientation checklist is required for each school program each semester/term.

 Faculty Signature Date: