

Los Angeles County, Public Health Nursing Requirements for Practice in Clinical Facilities

Affiliated College/University: _____

Clinical Instructor: _____

Public Health Clinical Site: _____

Clinical Dates: _____

Student's Last Name	Student's First Name	Physical Exam Clearance Date	TB Clearance date (Baseline CXR/ Annual Negative PPD)	Measles vaccine /titer date and results	Mumps vaccine/titer date and results	Rubella vaccine/ titer date	Varicella/ vaccine/ titer date and results	Hepatitis B titer date and results	Hepatitis B 1 st dose vaccine date	Hepatitis B 2 nd dose vaccine date	Hepatitis B 3 rd dose vaccine date	Flu Vaccine Date ***	HIPAA Electronic Security Date	HIPAA Privacy Rule Date	BLS Exp date	Live Scan	Malpractice Insurance Policy Name & Exp date	CA Driver's License & Exp date	Car Insurance Policy Name & Exp date
Instructor Info																			

On File with DPH HR

• Note: All students on this list have been found competent and physically fit to perform the clinical objectives. *** This Form must be submitted by no later than the second clinical week to:** Recruitment & Retention Unit
 • Note: The last line in the grid is for the instructor's information. ***** FLU Vaccine mandatory for Fall, Winter/Spring rotations** universityaffiliates@ph.lacounty.gov
 I _____ (print name of instructor), RN License Number: _____ have met the above criteria. **Signature:** _____ **Date:** _____

Revised: 7/31/14 SO