

**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 & result (Baseline CXR/Annual Negative PPD/IGRA)	Measles vaccine /titer date and results	Mumps vaccine/titer date and results	Rubella vaccine/titer date and results	Varicella/ vaccine/ titer date and results	Hepatitis B titer date and results	Tdap vaccine date	Fit Test Date**	Flu Vaccine Date***	HIPAA Compliance Date	Online Nursing Student Orientation Date	BLS Exp date	Live Scan	Malpractice Insurance Policy Name & Exp date	CA Driver's License & Exp date	Car Insurance Policy Name & Exp date	
															On File with DPH HR				
Instructor Info																			

*Note: All students on this list have been found to be medically able to perform assigned duties and free of any and all infectious diseases.

This Form must be submitted 1 week prior to the first day of clinical to: Recruitment & Retention Unit, universityaffiliates@ph.lacounty.gov

Note: The last line in the grid is for the instructor's information.

**Must provide copy of Fit Test clearance card

*** FLU Vaccine mandatory for Fall, Winter/Spring rotations

Prepared by (print name) _____

Signature _____

Date _____