

## Requirements for Practice in Clinical Facilities

**Student's Last Name & Student's First Name-** Write his/her last and first name in the spaces provided.

**Physical Examination Clearance Date-** Write the date of his/her last physical examination. Physical exams must be done every two years.

**Tuberculosis Clearance Date-** Write the date of the student's last tuberculosis skin test (if PPD negative) or chest x-ray (if PPD positive). TST/PPD must be done on an annual basis.

**Documentation of Immunity to Measles, Mumps and Rubella-** Write the date of laboratory evidence to measles, mumps or rubella immunity (titer) or dates of appropriate vaccination against measles, mumps & rubella.

**Documentation of Immunity to Varicella-** Write the date of laboratory evidence to varicella (titer) or dates of appropriate vaccination against varicella. Serological tests are needed if person has had the disease. Do not write "disease" as this not acceptable.

**Documentation of Hepatitis B Immunity-** Write dates of appropriate vaccination against Hepatitis B disease (Administration of 3 dose series of Hepatitis B Vaccine at 0, 1, and 6 month intervals). Write date titer was drawn, (1-2 months after dose #3).

**Flu Vaccination-** Write date of flu vaccination. \*\* Mandatory for Fall, Winter & Spring rotations. **Fall Rotation- All students/instructor must have flu vaccine by October 31.**

**HIPAA Modules Date-** Write date when instructor and each student submitted the HIPAA Electronic Security & HIPAA Privacy Rule self-learning module certificates to Nursing Administration.

**BLS for Healthcare Providers Expiration Date-** Date of expiration of his/her BLS card.

**Live Scan Date-** Leave blank. DPH HR has this on file.

**Malpractice Insurance Policy & Expiration Date-** Name of policy & expiration date.

**CA Driver's License & Expiration Date-** Driver's license number & date of expiration.

**Car Insurance Policy & Expiration Date-** Name of car insurance company, policy number & date of expiration.

**Instructor Info-** Complete the same items for yourself on last row. Provide your school with copies of all information, as this will be needed for contract monitoring.