

Certification of Student Requirements

Student's Name: _____

1. The above-referenced student currently maintains adequate health insurance coverage and is in compliance with all Health Screening and Documentation Requirements listed on page 2.
2. A criminal background check covering the prior seven (7) years was completed as part of enrollment to program with continuous participation in good standing; or completed within 12 months of this clinical placement, if there was interruption in enrollment.

The student has maintained continuous enrollment and participation since program admission background investigation and has not been convicted of the offenses below.

The student had an interruption in enrollment and had a background investigation within the last 12 months, completed on _____ and has not been convicted of the offenses below.

The records indicate that the student has never been convicted of any of the following offenses:

- a. Murder
 - b. Arson
 - c. Assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm
 - d. Burglary
 - e. Robbery
 - f. Kidnapping
 - g. Theft, fraud, forgery, extortion or blackmail
 - h. Illegal use or possession of a firearm
 - i. Rape, sexual assault, sexual battery, or sexual abuse
 - j. Child abuse, cruelty to children or other similar offenses
 - k. Unlawful distribution, or possession with intent to distribute, a controlled substance
3. A Nine (9) Panel non-DOT Drug Test was performed was completed as part of enrollment to program with continuous participation in good standing; or completed within 12 months of this clinical placement, if there was interruption in enrollment.

The student has maintained continuous enrollment and participation since program admission drug screen and results were negative.

The student had an interruption in enrollment and had a drug screen within the last 12 months, completed on _____ and the results are negative.



I attest that the above-referenced student has fulfilled the above requirements and that all documentation evidencing the above information is kept on file at the University/College and will be made available to Affiliates upon request within 24-48 hours.

Signature of University/College Representative

Date

Health Screening and Documentation Requirements

Each Affiliates has their own health screening and other documentation requirements which may vary due to the nature of the educational experience. Documentation and health screening requirements may include, but not be limited to:

Provision to Affiliates of all applicable required licenses, permits, certifications or degrees by University/College upon request, including written documentation that includes:

1. As appropriate, background information on all students prior to their affiliation with Affiliates, including but not limited to, a completed application, skills checklist, evidence of training in Universal Precautions as applicable, at least two (2) written professional or technical references as required by Affiliates, any applicable Visa information, evidence of continuing education as required by the appropriate professional and/or technical oversight Agency(s), evidence of a satisfactory work history including demonstrated reliability in performance of their duties and a satisfactory attendance as requested by Affiliates; and for House Staff, Nursing Staff, Respiratory Therapists and all other Direct patient care providers, University/College shall also provide current CPR certificate;
2. Evidence of IGRA (T-Spot, Quantiferon gold) or a negative tuberculin skin test by Mantoux PPD within the twelve (12) months prior to the start date. Affiliate's Employee Health Service will update the PPD, at no cost to the University/College, if due while the individual is affiliated with Affiliates. It is the University/College's responsibility to ensure compliance with tuberculosis screening.
 - a. If student's PPD history is positive, University/College must have on file documentation of a negative chest x-ray performed after identification of the positive PPD. If prior positive history without treatment for latent TB, student is then required to complete an annual questionnaire to identify symptoms of tuberculosis disease (i.e. shortness of breath, productive cough, bloody sputum, weight loss, fever, chills, loss of appetite, generalized swollen glands) and affirmative responses will require referral for evaluation for chest x-ray.
3. Proof of immunity to Measles, Mumps and German Measles (Rubella) by providing documentation of two (2) MMR vaccines; or laboratory evidence of immunity.
4. Laboratory evidence of immunity, or documentation of immunization with two (2) doses of Chickenpox/Varicella vaccine.
5. Documentation of completion of three (3) Hepatitis B vaccines or titer result required for positions with potential exposure to blood/body fluids; or if the individual declines the vaccine, a signed statement of declination.
6. For clinical experience under this Agreement, evidence of an annual flu vaccine in accordance with Affiliates' influenza vaccine program and policy.
7. For clinical experience under this Agreement, evidence of full COVID-19 vaccination in accordance with MedStar Health's COVID-19 vaccine program and policy.
8. School understands that the student assigned to a MedStar Health entity is fit-tested for an N95 respirator prior to arrival, and student knows the size and type of N95 they have been fit to. If fit testing does not occur, patient populations suitable for students may be limited.
9. A Nine (9) Panel non-DOT Drug Test was performed was completed as part of enrollment to nursing program with continuous participation in good standing; or completed within 12 months of this clinical placement, if there was interruption in enrollment.