

**Erlanger Health System**  
**Orientation Checklist**

**School Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**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** \_\_\_\_\_

<b>Comments:</b>	<b>Required Documentation on file at school/institution:</b>
	<ul style="list-style-type: none"><li>• Approved background check</li></ul>
	<ul style="list-style-type: none"><li>• Physical Exam</li></ul>
	<ul style="list-style-type: none"><li>• Negative drug screen (minimum 7-panel)</li></ul>
	<ul style="list-style-type: none"><li>• Record of health that includes:<ul style="list-style-type: none"><li>○ Tdap vaccine w/in 10 years (students entering pediatric, OB or ED areas)</li><li>○ Varicella Zoster (chicken pox) immunization record or proof of immunity</li><li>○ MMR immunization record or proof of immunity</li><li>○ Hepatitis B immunization series, titer or proof of declination</li><li>○ Flu vaccine (students entering November—March)</li><li>○ COVID-19 vaccination series or exemption on file as required by facility placement</li><li>○ Negative Tuberculin skin test (PPD), or negative chest x-ray, or Negative Tspot, or Negative QuantiFERON Gold within last 12-mos (<b>for HCA facilities only</b>)/ on admission; and then annual TB screening form (<b>all remaining facilities</b>)</li></ul></li></ul>
	<ul style="list-style-type: none"><li>• OSHA/TOSHA fit-testing for N95 particulate respirator mask *Applicable for students assigned to inpatient care areas annually</li></ul>
	<ul style="list-style-type: none"><li>• Current American Heart Association CPR with AED certification</li></ul>
	<ul style="list-style-type: none"><li>• Malpractice insurance through school</li></ul>
	<ul style="list-style-type: none"><li>• Completion of General Orientation Modules on TCPS website</li></ul>

**Documentation to be emailed or faxed to clinical site at least one week prior to start date:**

<b>Comments:</b>	
	<ul style="list-style-type: none"><li>• Completed Orientation Checklist</li></ul>
	<ul style="list-style-type: none"><li>• Student roster of clinical dates, student names and clinical instructor/faculty contact numbers</li></ul>

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

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_