

# 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 \_\_\_\_\_

Comments:	Required Documentation on file at school/institution:
	• Approved background check
	• Physical Exam
	• Negative drug screen (minimum 7-panel)
	• Record of health that includes:
	○ Tdap vaccine w/in 10 years (students entering pediatric, OB or ED areas)
	○ Varicella Zoster (chicken pox) immunization record or proof of immunity
	○ MMR immunization record or proof of immunity
	○ Hepatitis B immunization series, titer or proof of declination
	○ Flu vaccine (students entering November—March)
	○ COVID-19 vaccination series or exemption on file as required by facility placement
	○ 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> )
	• OSHA/TOSHA fit-testing for N95 particulate respirator mask *Applicable for students assigned to inpatient care areas annually
	• Current American Heart Association CPR with AED certification
	• Malpractice insurance through school
	• Completion of General Orientation Modules on TCPS website

Documentation to be emailed or faxed to clinical site at least one week prior to start date:	
Comments:	
	• Completed Orientation Checklist
	• Student roster of clinical dates, student names and clinical instructor/faculty contact numbers

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_