



HEALTH REQUIREMENT/BACKGROUND CHECK ATTESTATION

*This attestation is required for every student and instructor, for every rotation.
One attestation may be completed to cover groups with the same start and end dates.*

SCHOOL or STUDENT NAME: _____ PROGRAM & SEMESTER: _____

TOTAL NUMBER OF STUDENTS AND INSTRUCTORS THIS ATTESTATION COVERS: _____

START DATE - FIRST DAY AT ADVENTIST HEALTH AND RIDEOUT (AHRO): _____

END DATE - LAST DAY AT ADVENTIST HEALTH AND RIDEOUT (AHRO): _____

This attestation applies to all students/instructors who visit any AHRO facility. This attestation must be completed, signed and submitted a minimum of three weeks prior to the start date noted above. The following items are required to be current and up to date for each student/instructor throughout the entirety of the rotation/externship:

1. **Background Check:** Completed within 30 days of the student's start date within the school program. Not required again for returning students under the same program with the same school. Background check must include: Criminal History, Social Security Trace and Sex Offender Record. Negative or questionable results will be communicated to AHRO Hospital Education and may disqualify the student from completing hours at AHRO.
2. **Drug Screen:** 10 panel drug screen performed at a federally certified laboratory. Positive results disqualify student from completing hours at AHRO.
3. **TB Screening:** Proof of negative 2 step TB test. Chest Xray acceptable only in response to a positive TB skin test. Quantiferon Gold (QFT-G) or T-Spot is accepted in place of a PPD skin test (TST) when it has been done within one year. If Quantiferon G is negative, nothing else is needed. If Quantiferon G is positive, it is required to provide a symptoms questionnaire, and chest x-ray.
4. **MMR:** All students/instructors must have two documented doses of MMR vaccine given at least four weeks apart. Both doses should have been given after 12 months of age. In the absence of documented MMR vaccination, lab evidence of immunity shall be used as proof of vaccination/immunity.
5. **Varicella (VZV):** All students/instructors must have two documented doses of varicella vaccine given at least one month apart. In the absence of documented varicella vaccination, lab evidence of immunity shall be used as proof of vaccination/immunity. Routine testing for varicella immunity after two doses of vaccine is not recommended and therefore shall not be performed.
6. **Tetanus, Diphtheria and Pertussis (Tdap):** All students/instructors shall provide proof (within the past 10 years) of a single dose of tetanus, diphtheria and acellular pertussis (Tdap) vaccine.
7. **Hepatitis B:** All students/instructors must have documented Hepatitis B vaccination (the three-part Hepatitis B immunization series). In the absence of documented Hepatitis B vaccination, lab evidence of a previous positive titer shall be used as proof of vaccination/immunity
8. **Seasonal Influenza:** All students/instructors shall provide proof of being immunized with the seasonal influenza vaccine around October 1 thru March 31. Students/Instructors declining the vaccine will be required to wear a mask in all areas where patient care is being provided or where patients are present. The requirement will be enforced from November 1 through March 31. The enforcement period may be extended as determined upon recommendation from the California Department of Public Health (CDPH) or the Yuba County Health Department.

_____ **ALL individuals covered by this attestation have received this season's flu vaccination**

_____ **NOT ALL individuals covered by this attestation have received this season's flu vaccination. The individuals listed below have declined this season's flu vaccination and will wear a mask per the policy quoted above. All others covered by this attestation and not listed below have received this season's flu vaccination.**

NAME: _____ REASON: _____

NAME: _____ REASON: _____

Note: Students and Instructors will receive and must wear a hospital badge in plain sight above the waist at all times while at any AHRO facility. All badges must be returned to Hospital Education within 10 days of END DATE noted above. Exception: students with multiple rotations may return badges upon final rotation.

The SCHOOL certifies that responses in this attestation are accurate, complete and current. If a file is pulled in response to a request from a regulatory or other accreditation body, agency or authority, any and all items listed in #1-#8 above will be produced by the SCHOOL and forwarded to AHRO Hospital Education within two (2) hours of the request. The SCHOOL acknowledges that state and federal regulations applicable to students within a healthcare setting must be continually adhered to. In the event AHRO needs to request a student file from the SCHOOL, please contact (name) _____ at the following phone number _____. The SCHOOL accepts all responsibility for ensuring all requirements have been met with respect to students and instructors placed at any AHRO facility.

Authorized SCHOOL Representative (PRINT): _____ Title: _____

Authorized SCHOOL Representative (SIGNATURE): _____ Date: _____