



## PeaceHealth Requirements for Health Professions Students Attestation Checklist

The school is responsible for student compliance with standardized administrative screening and training requirements including verifying and maintaining evidence and documentation for each student.

**Please maintain copies of the following items and provide them to PeaceHealth if requested:**

<b>Date</b>	<b>Criminal Background Check:</b> No more than <b>90 days</b> (about 3 months) in advance of beginning program or placement. If the student pauses their program and returns, of background checks be repeated.	
	Social Security Number Trace	
	National Sex Offender Registry Check	
	National Criminal Background Check	
	State and County Background Check	
	OIG (Office of the Inspector General) <i>List of Excluded Individuals/Entities</i>	
<b>Urine Test for Prohibited Substances:</b>		
<b>Date</b>	10 Panel Urine Drug Screen: Per PeaceHealth Policy (Substance Free Workplace Policy) must include:	
	<ul style="list-style-type: none"> <li>• Amphetamines</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine</li> <li>• Marijuana</li> </ul>	<ul style="list-style-type: none"> <li>• Methadone</li> <li>• Opiates</li> <li>• Oxycodone/Oxymorphone</li> <li>• PCP</li> <li>• 6-Monoacetylmorphine</li> </ul>
<b>Standards of Health:</b>		
<b>Date</b>	<b>PeaceHealth requires ONE of the following TB tests:</b>	
	<ul style="list-style-type: none"> <li>• <b>Two-step Tuberculin Skin Test (TST)</b> (follow-up documentation for positive test individuals <b>OR</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>IGRA Blood Test</b> (QuantiFERON®–TB Gold In-Tube test (QFT-GIT) or T-Spot)</li> </ul>	
	Record of positive titer or two immunizations for rubeola	
	Records of positive titer or two immunizations for mumps	
	Records of positive titer or one immunization for rubella	
	Record of positive titer or record of two immunizations for varicella	
	Record of one Tdap immunization in last 10 years	
	Records of positive titer or three Hepatitis B immunizations for students with potential exposure to blood or other bodily fluids	

	Record of seasonal Flu vaccination during Oct- Mar.
**If student has an approved flu vaccine school exemption, please sign in the optional exemption section at the bottom of this page.	
<b>Date</b>	<b>Other Requirements/Recommendations:</b>
	Basic Life Support Certification required, AHA (American Heart Association) preferred
	Student health insurance coverage proof (encouraged)
<b>Date</b>	<b>PH specific orientation verified by completed orientation test:</b>
	Bloodborne Pathogen Training, OSHA (Occupational Safety and Health Administration), Fire and Electrical Safety, Personal Protective Equipment, Hazard Communication, Infection Prevention Practices
<b>Optional: Exemption</b>	
[sign here]	I attest that the below named student has a school approved exemption for the Flu immunization. The student and faculty have been educated about additional masking requirements. This exemption expires every September 15, and a new approved exemption must be attested to thereafter.

I, [sign here] \_\_\_\_\_, verify student [print student name]\_\_\_\_\_ has fulfilled the clinical placement requirements above with documentation available if requested by PeaceHealth.

**Name:**

**Email Address:**

**Title:**

**Phone:**

