



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:

| | | |
|--|---|--|
| Date | Criminal Background Check: No more than 90 days (about 3 months) in advance of beginning program or of placement. If the student pauses their program and returns, 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> | |
| Urine Test for Prohibited Substances: | | |
| Date | 10 Panel Urine Drug Screen: Per PeaceHealth Policy (Substance Free Workplace Policy) must include: | |
| | <ul style="list-style-type: none">• Amphetamines• Barbiturates• Benzodiazepines• Cocaine• Marijuana | <ul style="list-style-type: none">• Methadone• Opiates• Oxycodone/Oxymorphone• PCP• 6-Monoacetylmorphine |
| Standards of Health: | | |
| Date | PeaceHealth requires ONE of the following TB tests: | |
| | <ul style="list-style-type: none">• Two-step Tuberculin Skin Test (TST) (follow-up documentation for positive test individuals OR | |
| | <ul style="list-style-type: none">• IGRA Blood Test (QuantiFERON®–TB Gold In-Tube test (QFT-GIT) or T-Spot) | |
| | 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 | |
| | Record of positive titer or three Hepatitis B immunizations for students with potential exposure to blood or other bodily fluids | |
| | Record of full COVID-19 vaccination | |

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|---|---|
| | Record of seasonal Flu vaccination during Oct- Mar. |
| **If student has an approved school exemption, please indicate COVID and/or Flu and sign in the optional exemption section. | |
| Date | Other Requirements/Recommendations: |
| | Basic Life Support Certification required, AHA (American Heart Association) preferred |
| | Student health insurance coverage proof (encouraged) |
| Date | PH specific orientation verified by completed orientation test: |
| | Bloodborne Pathogen Training, OSHA (Occupational Safety and Health Administration), Fire and Electrical Safety, Personal Protective Equipment, Hazard Communication, Infection Prevention Practices |
| Optional: Exemption | |
| [sign here] | I attest that the below named student has a school approved exemption for [select all that apply] COVID/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: