

Clinical Student Validation

IU Health – Educational Affiliation

Institution and Educational Program: _____

Student name: _____

This Sheet is to be completed by the school for each student that is attending a clinical at IU Health. All source documentation needs to be on file at the school and if requested by IU Health must be produced in **24 hours**. This completed form and documentation must be submitted to IU Health at **least 15 days prior** to the student reporting for a clinical experience.

- Medical Insurance (Company and Policy Number):
- Criminal Background check: Please attach copy of report

- MMR vaccines

MMR 1: MMR 2: MMR3:

or

- Rubella AB titer:
- Rubeola measles AB titer:
- Mumps AB titer:
- Tdap: diphtheria, tetanus, pertussis vaccine:
- Annual influenza vaccine - for the current flu season:
(season runs from September 1 thru March 31 each year)

- Hepatitis vaccine or titer (or declination form)

Dose 1:

Dose 2:

Dose 3:

Titer:

Declination Form (attach copy)

- Varicella Vaccine or titer:

- Annual TB test (Date and results):

- Drug screen results (Attach copy of the report):

- Current American Heart Association CPR/BLS certification (if applicable):

- N95 fit testing (if applicable):

I certify that this information is correct and accurate according to information supplied by the above named student and have verified documentation. Supporting documentation is on file at the educational institution named above and available upon request.

Institutional Official Signature

Title

Date

Email completed form to IUHAffiliationAgree@iuhealth.org