Indiana University Health

EXHIBIT D – IU HEALTH CLINICAL STUDENT/FACULTY VALIDATION FORM

University and Educational Program: _____

Student or Faculty Name: _____

This Form must be completed by the University for each Student or Faculty participating in a Rotation at IU Health. All source documentation not required by this Form must be kept on file at the University and must be produced within 24 hours of a request by IU Health. This completed Form and supporting documentation must be submitted to IU Health prior to the Student or Faculty beginning a Rotation.

General Checklist (Refer to Section III-H for additional details)

☐ Medical Insurance Company: _____ Policy #: _____

☐ FCRA-compliant Criminal Background Check ☐ Student-Signed Written Consent

☐ Department of Transportation compliant Drug Screen Results (minimum 5-panel, completed within the last 12 months)

☐ Copy of Active American Heart Association Basic Life Support (BLS) card or equivalent, including validation of skill demonstration (*if applicable*)

☐ N95 fit testing (*if applicable*). Students must show proof of fit testing to preceptor/department manager/charge RN prior to working with patients where N95 mask-wearing is required.

Vaccination Checklist:
☐ COVID Vaccine Mfr. _____ Date completed: _____ or Exemption Date: _____
☐ Influenza (for current flu season from September 1-March 1 yearly) Date: _____ or IU Health Approved Exemption Date: _____
☐ TB test Test Type: _____ Date: _____ Result: _____ (if Two-step, results of 2nd set) Date: _____ Result: _____ (When Required) Chest X-ray Date: _____ Questionnaire Date: _____
☐ Varicella (2-shot Vaccine) Dose 1: _____ Dose 2: _____ or Varicella Titer Date: _____
☐ Hepatitis Vaccine Dose 1: _____ Dose 2: _____ Dose 3: _____ or Hepatitis Titer Date: _____ ☐ or copy of Declination Form attached
☐ TDaP (1-shot Vaccine performed after age 11) Dose 1: _____
☐ MMR Vaccine Dose 1: _____ Dose 2: _____ or MMR Titer Dates: Measles: _____ Mumps: _____ Rubella: _____

I certify that this information is correct and accurate, according to the information supplied by the above-named Student/Faculty, and I certify that supporting documentation is on file at the University and available upon request.

University Official Signature _____ Title _____ Date _____