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| STUDENT NAME: (Please Print) | | | DATE OF BIRTH: | SOCIAL SECURITY NUMBER: |
| Last Name | First Name | Middle Initial | DD/MM/YY | XXX-XX-XXXX |
| CONTACT INFO: | | | | |
| Street Address | | City | Zip Code | (Area Code) Phone Number |
| Email address | | Emergency Contact Name | | Phone |
| TYPE OF STUDENT: NURSING: <input type="checkbox"/> RN <input type="checkbox"/> BSN <input type="checkbox"/> ABSN <input type="checkbox"/> MSN <input type="checkbox"/> CNS <input type="checkbox"/> NP <input type="checkbox"/> LVN | | | DESIRED PLACEMENT DATES: | |
| OTHER ALLIED HEALTH: <input type="checkbox"/> | | | START: _____ END: _____ | |
| NURSING LICENSE: (IF APPLICABLE) | | | LIABILITY INSURANCE: _____ | |
| EXP: _____ | | | EXP: _____ | |
| | | | BACKGROUND CHECK: _____ | |
| | | | DRUG PANEL SCREENING: _____ | |

HEALTH RECORD RELATED (ATTACH DOCUMENTATION):

| Immunization Requirements | Documented Date | |
|---|---|--|
| 2-step TB Skin Test (PPD) *Requires 2 skin tests 1-3 wks. a part *Result must be negative *If positive, must have chest x-ray | #1 Date: _____ Results: _____ #2 Date: _____ Results: _____ | Chest X-ray (Repeat required every 5 years) *Symptoms review required <u>annually</u> if neg. CXR 2 Date: _____ Results: _____ |
| TB Skin Test (PPD) – Quantiferon *Result must be negative *If positive, must have chest x-ray | Date: _____ Results: _____ | Date of Annual Review: _____ |
| MMR (Measles/Mumps/Rubella) *Must have positive MMR titer *Negative titer requires 2 MMR vaccinations one month apart | MMR Titer Date: _____ Measles Results: _____ OR Rubella Results: _____ Mumps Results: _____ | *If NEGATIVE titer #1 MMR Date _____ #2 MMR Date _____ (must have 2 if born after 1957) |
| Varicella *Requires positive titer *Negative titer requires 2 doses of varicella 1-2 months apart. | Titer Date: _____ Results: _____ OR | *If NEGATIVE titer #1 Varicella Date _____ #2 Varicella Date _____ |
| Hepatitis B *Requires positive Hep. B titer Series requirements: part 1 and 2 are one month part, part 3 is six months after part 2. | Titer Date: _____ Results: _____ OR | *If never had series or NEGATIVE titer #1 Date: _____ #2 Date: _____ #3 Date: _____ |
| Tdap * Adult dose within the last 10 years | Date: _____ | |
| Flu Vaccine *Declination of the FLU vaccine available | Date: _____ | Flu Attestation/Declination Date: _____ |
| BLS CPR CERTIFICATION: (please provide copy -- front and back) | Type: _____ | Date Expires: _____ |

I CERTIFY THAT I HAVE VALIDATED THE INFORMATION REFERENCED ABOVE FOR THE STUDENT INDICATED ON THIS DOCUMENT.

Verified by: _____ Date: _____
Faculty/ Instructor Signature

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| FOR OFFICE USE ONLY: <input type="checkbox"/> KPIM: NUID _____ <input type="checkbox"/> CPM: RSID _____ <input type="checkbox"/> KPHC: ___ OPTIME ___ ITEM 5000 HC TRAINING DATE: _____ REGULATORY FOMRS: _____ KP LEARN: _____ |
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BACKGROUND CHECK-

Criminal Background Check and Drug Screening are required for all students placed at a Northern California Kaiser Permanente Medical Center, Outpatient Clinic/Medical Office Building, Home Health & Hospice, or Appt & Advice Call Center.

Effective 1/1/2008, a student with a background check that indicates any of the following felony and/or misdemeanor convictions within the last 7 years is NOT eligible for clinical placement:

- *Violent crimes such as murder, rape, sexual assault and robbery, kidnapping, attempted murder, assault with deadly weapons.*
- *Crimes involving theft, embezzlement, burglary, forgery, fraud, arson, identity theft.*
- *Sex crimes including sexual molestation and sex crimes against children, or any conviction for which a candidate is required to register as a sex offender with a state or federal government agency.*
- *Drug related crimes such as drug theft, sales, distribution, manufacturing and possession of controlled substances.*
- *Multiple convictions (more than one conviction for same or different crime).*
- *Name posted on any government sanctioned or debarred list.*

COMMUNICABLE DISEASE SCREENING OF EMPLOYEES, VOLUNTEERS and STUDENTS -

- To protect patients – if staff is immune they won't expose immune-suppressed, severely ill, fragile patients to viruses that can be life-threatening. (Ex: employee has child in day care who develops chicken pox/or measles and exposes employee. Employee comes to work not knowing he/she is contagious with the illness before the rash or pox erupts).
- To protect other staff – if an infected employee comes to work and exposes other staff, several exposures/infections can occur resulting in lengthy absences from work for numerous staff...staffing shortage.

Must be completed

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| 1. Immunity to: | Rubella Rubeola Varicella Mumps tDap | positive titer or 1 documented dose positive titer or 2 documented doses positive titer or 2 documented doses positive titer or 1 documented dose |
| 2. Hepatitis B | Documentation of immunization (series of three doses) | Documentation of titer <u>or</u> Signed declination |
| 3. TB skin test | Negative history: Positive history: | 2 PPD's done in past 24 months – one of which is within the past three months. Chest x-ray within past year (12 months). Documentation of the positive skin test. |