

Los Angeles County, Public Health Nursing Requirements for Practice in Clinical Facilities

Affiliated College/University: _____

Clinical Instructor: _____

Public Health Clinical Site: _____

Clinical Dates: _____

Student's Last Name	Student's First Name	Physical Exam Clearance Date*	TB Clearance date & result (Baseline CXR/Annual Negative PPD/IGRA)	Measles vaccine /titer date and results	Mumps vaccine/titer date and results	Rubella vaccine/titer date and results	Varicella/vaccine/titer date and results	Hepatitis B titer date and results	Tdap vaccine date	Fit Test Date**	Flu Vaccine Date***	HIPAA Electronic Security Date	HIPAA Privacy Rule Date	BLS Exp date		Malpractice Insurance Policy Name & Exp date	CA Driver's License & Exp date	Car Insurance Policy Name & Exp date
															On File with DPH HR			
Instructor Info																		

*Note: All students on this list have been found to be medically able to perform assigned duties and free of any and all infectious diseases.

Note: The last line in the grid is for the instructor's information.

Prepared by (print name) _____

Signature _____

Date _____

This Form must be submitted by no later than the **second** clinical week to: Recruitment & Retention Unit, universityaffiliates@ph.lacounty.gov

**Must provide copy of Fit Test clearance card

*** FLU Vaccine mandatory for Fall, Winter/Spring rotations