

Requirements for Practice in Clinical Facilities

*The **Requirements for Practice in Clinical Facilities** form must be submitted **by no later than the 2nd week after the start of clinical rotation or orientation**, whichever comes first.*

*Please type directly on the form. Submit the completed form via email to universityaffiliates@ph.lacounty.gov. Completed forms must be sent **using the secure/encrypted messaging method** (open “[secure]” email send by DPH Nursing Administration, log in, and reply with the form attached). Incomplete forms will not be accepted.*

Student’s Last Name & Student’s First Name - Write student’s last and first name in the spaces provided.

Physical Examination Clearance Date - Write the date of the student’s last physical examination. Physical exams must be done every two years.

Tuberculosis Clearance Date & Result - Write the date of the student’s last tuberculosis screen test (if TST/PPD or QFT/IGRA negative) or chest x-ray (if PPD positive). TSTs/PPDs or QFTs/IGRAs must be done on an annual basis.

Documentation of Immunity to Measles, Mumps and Rubella - Write the date of laboratory evidence to measles, mumps and rubella immunity (titer) and titer results (immune/positive or negative), or dates of appropriate vaccination against measles, mumps & rubella.

Documentation of Immunity to Varicella - Write the date of laboratory evidence to varicella (titer) and titer results (immune/positive or negative), or dates of appropriate vaccination against varicella. Serological tests are needed if person has had the disease. Do not write “disease” as this is not acceptable.

Documentation of Hepatitis B Immunity - Write the date of laboratory evidence to Hepatitis B (titer) and titer results (immune/positive or negative).

Tdap Vaccination – Write the date of Tdap vaccination. Td boosters must be received every 10 years.

Fit Test Date – Write the date of the student’s fit testing clearance. **A copy of each students’ fit testing report (card or certificate) must be submitted.** The fit testing clearance report shall include the date of clearance and the type of respirator the student was tested for. Fit testing shall be done annually or when student reports changes to their physical condition that could affect the use of a respirator or respirator fit.

Flu Vaccination - Write date of flu vaccination. ** Mandatory for Fall, Winter & Spring rotations. Fall Rotation - All students/instructor must have flu vaccine by **October 31**.

HIPAA Modules Date - Write date when each student completed and passed the HIPAA Compliance Electronic Security & HIPAA Privacy Rule self-learning modules.

BLS for Healthcare Providers Expiration Date - Date of expiration of student's BLS card.

Live Scan Date -Leave blank. DPH HR has this on file.

Malpractice Insurance Policy & Expiration Date - Name of policy & expiration date.

CA Driver's License & Expiration Date - Driver's license number & date of expiration.

Car Insurance Policy & Expiration Date - Name of car insurance company & date of expiration.

Instructor Info - Complete the same items for the instructor on the last row. Provide the school with copies of all information, as this will be needed for contract monitoring.

Prepared by – Enter name of person completing this form.

Signature – Sign the form.

Date – Enter date the form was completed.