



Verification Needed from School/College/University in Order for Student Experience/Clinical to Start at a CHRISTUS Santa Rosa Health System Hospital

(On the check list below, please circle Yes or No for the accurate response to each question. If this form is being filled out for multiple students please attach the names of the students, the start and stop date of their rotation and the location of their rotation on a separate sheet. If one or more of the students do not meet all the criteria below with the response of yes, please do a Verification form for each individual with their name on the form.

School's Current Certificate of Liability Insurance attached **Yes No**
If no, send by _____
(insert date)

All Students' Immunizations Current (If response is no for any student call Dottie Whitt @ 210-704-2119)

- | | | |
|---|-----|----|
| Influenza Vaccination | Yes | No |
| <small>(influenza vaccination must be current between August/September/October of one yr. and end of March of the next)</small> | | |
| Tetanus, Diphtheria, Pertussis | Yes | No |
| Hepatitis B | Yes | No |
| Measles, Mumps | Yes | No |
| Rubella & Varicella | Yes | No |

All Student's Annual Background check is/are completed and no criminal activities or OIG / GSA List of Excluded Individuals/Parties/Entities are listed. This documentation will be provided to CHRISTUS Santa Rosa on request. **Yes No**

CHRISTUS Santa Rosa Student Orientation has been completed or arrangements made (please list date)_____ **Yes No**

I _____, as the representative for _____
(Print Name) (Name of School)

Acknowledge that all the information as indicated in this document and it's attachments to be true.

School Representative Signature & Date

Please return this document with attachments to : Dottie Whitt @ dottie.whitt@christushealth.org or fax to 210-704-3299