Student/Instructor Attestation Sheet for Clinical Rotations

Please indicate the campus for the clinical rotation: **Baptist** **Baton Rouge** **Elmwood** **Jefferson Hwy** **Kenner** **Northshore** **St. Anne** **Westbank** **Other**

Name of School: **Clinic** **Clinic Site:**

Program Type: Allied Health(program): Other:

Inclusive Dates of Clinical Rotation: to Clinical Unit/Department:

Please complete the following grid. A check mark indicates compliance. This form must be submitted to the Education or SNPD department PRIOR TO beginning the clinical rotation. School will maintain documentation for ALL items listed, which are included in the current Affiliation Agreement between Ochsner and School. Per Agreement, this information must be available upon request.

Name of Student /Instructor	OIG/GSA Verification (√)	Current BLS (AHA) For all clinical rotations (√)	Student has current Health Insurance Coverage[1] (Y/N)	Proof of Negative TB test or Health Screen Form (within 12 months) (√)	MMRx2 or Positive Titer: Rubella (√)	MMRx2 or Positive Titer: Mumps (√)	MMRx2 or Positive Titer: Measles (√)	Varicella x2 or Positive Titer: Chicken Pox (√)	Hepatitis B Vaccine Complete or Titer showing immunity or declination form signed (√)	Drug Screen completed (cleared and appropriate to work in Hospital Setting) (√)	Negative Background Check (cleared and appropriate to work in Hospital Setting) (√)	Checked Sexual Offender Registry for the Student's state of clinical rotation & state residency. (cleared and appropriate to work in Hospital Setting) (√)	Current Influenza Vaccination (Must have received prior to Spring rotation) (√)	COVID-19 Vaccination or School Approved Exemption (Vaccinated or Exempt)	Current Nursing License for State of Clinical Site (Y/N or N/A)

I acknowledge and attest that we own, and have in our possession, the above documentation and reports. I also acknowledge and agree to regular compliance audits by Ochsner Health to ensure documentation is available upon request. By the execution hereof, School hereby warrants and confirms to Ochsner the accuracy of the information provided above as of

Date: **By:** **Title:**

[1]Ochsner requires health insurance.