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| FACILITY/INSTITUTION INFORMATION ***(Please Print)*** |

Facility/Institution Name:

Contract Start/Clinical Orientation and End Date: Dept/Unit:

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| STUDENTS (NURSING/OTHER CLINICAL/NON-CLINICAL/PHYSICIAN/LIP/EMS) ***Only*** |

Program Of Study: Course Name/#:

Instructor Name: Instructor Contact Info:

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| VACCINATIONS/POSITIVE IMMUNE TITER/TESTING: ***Required by ALL*** |

• Rubella • Rubeola • Mumps • Varicella • Hepatitis B (Series of 3)

• COVID-19:(2 dose series of Moderna or Pfizer, 1 dose of Johnson & Johnson - Mandatory as of Jan 4, 2022)

Religious/Medical exemption must be approved by facility/institution *prior* to start date.

• Influenza:(Seasonal: October-March, may be extended by the CDC, exempt if born prior to 1957)

Religious/Medical exemption must be approved by facility/institution *prior* to start date.

• TB: Initial 2 step PPD T-Spot or QuantiFERON within last 12 months. (If skin reaction greater than 10mm or positive blood test, physician documentation of completed 6-12 month treatment is required.)

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| CERTIFICATIONS/DOCUMENTATION: ***Required by ALL*** |

• BLS: AHA or ARC accepted (certification must continue through contract/clinical end date).

• *Clinical and Non-Clinical Orientation Module* Attestation Form: View module then sign form. **Students**: give form to Instructor on orientation date. **Agency/Allied Health**: give form to HR prior to first day.

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| AGENCY/ALLIED HEALTH ***Only*** |

• 10 Panel Drug Screening

• Background Check: Completed within last 3 months (Initial onboarding only)

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| INFORMATION REQUIRED BY MSL PRIOR TO CONTRACT START/ORIENTATION DATE | | | | | |
| Name Of Applicant  (Agency/Allied Health/Student) | \* Last 4  SSN | \* Email Address | COVID-19 Final Vaccine Date | Flu Vaccine Date | IT Access Form |
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\*Not required for EMS students

By signing below, I certify that the applicant(s) named above are free from communicable diseases and meet the criteria established above for contracted services/learning experiences at McLaren St. Luke’s. If requested, the facility/institution will provide proof of the above requirements to McLaren St. Luke’s within 24 hours.

Name & Title (print): Phone #:

Signature: Date: