



ST. LUKE'S

EDUCATIONAL AFFILIATION AGREEMENT

EXHIBIT A

Verification of Required Documentation Statement

Student's/Instructor's Name: _____

Student's/Instructor's SSN/Identification Number: _____

Academic Institution: _____

Term: _____ Program: _____

(Other items may be added as needed according to the requirements of any specific situation or area policies)

This statement serves to verify that the academic institution ("School") maintains files which document evidence of the following for the above-named student or instructor who will be participating in a clinical experience at Hospital. School agrees to provide, or cause the above-named student or instructor to provide, documentation of any or all verifications listed below to Hospital at any time upon Hospital's request.

School or the above-named student or instructor verifies the following student and instructor information:

1. evidence he / she is negative for TB.
Date of Last TB Skin Test or Chest X-Ray: _____
2. evidence he/she has immunity to Hepatitis B (vaccination series + titer/screen) or waiver signed declining vaccination.
Dates of Vaccinations: First: _____; **Second:** _____; **Third:** _____
3. evidence that he/she has immunity to MMR and Varicella (vaccination or + antibody screen/titer).
Date(s) verified: _____
4. evidence of current Polio, Tetanus & Diphtheria vaccinations.
Date(s) of Vaccinations: _____
5. evidence of Chicken Pox Vaccination or Disease.
Date: _____
6. evidence of current flu shot (seasonal: Oct-Mar, dates may vary with CDC requirements)
Date: _____
7. evidence of current COVID vaccination
Date(s): _____
8. proof of Health Insurance
Insurance Company Name: _____
9. certification of completion of background check
Date of Completion of Background Check: _____
10. CPR Expiration Date: _____
11. Has completed and shows evidence of completion of safety/infection control & precaution, /HIPAA/Confidentiality and OSHA Blood Borne Pathogen training.
Date Evidence is Verified: _____
13. Code of Ethics
Date Evidence is Verified: _____
14. Standards of Conduct
Date Evidence is Verified: _____
15. Relevant Policies and Procedures
Date Evidence is Verified: _____
16. Miscellaneous: _____

School representative/Student/Instructor

Date

Printed: _____

Title (School Representative): _____

For Internal Use Only
Date Received: _____
Date Filed: _____