



ST. LUKE'S

FOR COLLEGE/INSTITUTION COORDINATORS ONLY,

PLEASE SUBMIT COMPLETED FORM TO:

Clinical Student: Email: studentintake@stlukeshospital.com

Non-Clinical/Agency/Allied Health: Human Resources

Physician Related: Med Staff Office

PLEASE PRINT

LEARNER/AGENCY/ALLIED HEALTH INFORMATION

Form fields for Institution/University Name, Course Name / #, Learners Program of Study, Clinical Dates, Clinical Unit Requested, Instructor, and Instructor Contact Info.

REQUIRED VACCINATIONS OR POSITIVE IMMUNE TITER FOR:

- Checkboxes for Rubella, Rubeola, Mumps, Varicella, Hepatitis B Series of 3, and Influenza with administrative details.

REQUIRED TB DOCUMENTATION

- Initial 2-Step PPD T-Spot or QuantiFERON (within last 12 months) Note: If TB skin reaction test is greater than 10mm, or blood test is positive for TB, documentation confirming completion of treatment by physician with appropriate therapy for 6-12 months will be required.

DOCUMENTED PROOF OF : Current CPR (AHA or ARC only) (Please ensure that certification is valid throughout clinical rotation.)

Table with columns: Student Information Needed (all information is required) and Required Paperwork Submitted. Includes fields for Student Name, ID #, Last 4 of Soc Sec #, Student Email Address, Flu Vaccine Date, Student IT Access Form, and Attestation Form.

Attestation: As the submitting person, I certify that the individual(s) named above are free from communicable diseases and meet the criteria established above for learning experiences at McLaren St. Luke's. If requested, the college/institution will provide proof, for the above requirements, within 24 hours to McLaren St. Luke's.

Name & Title (printed) Phone:

Signature: Date: