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|  | **Educational Experience Health and Mandatory Requirements (Pre-requisites)** |

Student Name: Click or tap here to enter text. College: Click or tap here to enter text.

Department: Click or tap here to enter text. Preceptor: Click or tap here to enter text.

Start/End Date: Click or tap here to enter text.

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| **Immunization Requirements** | **Description/Requirement** |
| [ ]  **Physical Examination** | A physical exam which indicates he/she is free from communicable disease, able to meet physical demands of the work indicating any ADA accommodations, health history with signed declaration by student that the report is correct to the best of their knowledge, and **annual** declaration by the student that health status is unchanged to the best of their knowledge |
| [ ]  **TB skin test** | He/she is free from active tuberculosis as documented by a negative Mantoux skin test or negative chest x-ray, dated after skin test conversion, and is free of signs and symptoms of tuberculosis. Quantiferon TB test acceptable in lieu of annual Mantoux skin test |
| [ ]  **German Measles (Rubella),**  **Measles (Rubeola), Mumps, (MMR)\*\*** | Positive titer of immunity or medical documentation of 2 MMR’s, 1 month apart, with the 1st dose after the first birthday, and the 2nd dose at least 1 month later. |
| [ ]  **Chicken Pox (Varicella)\*\*** | Documented immunity via documented history of chicken pox as a child by physician, or positive titer, or 2 doses of varicella vaccine 4 weeks apart |
| [ ]  **Hepatitis B Vaccine\*\*** | Have been advised of the risks of Hepatitis B and have either begun the Hepatitis B vaccination series or, in the alternative, have completed the appropriated declination of immunization form; (Declination form isto be faxed to Clinical Development at 319-272-5125) |
| [ ]  **Influenza\*** | Have received the seasonal influenza vaccine each year no later than November 15th (For student experiences taking place between September 1st and March 31st.) |
| [ ]  **COVID-19 Vaccination** | Full vaccination required by November 1, 2021 |

\* Please Note: With declination for any reason other than medical contraindication or religious exemption, the student will not be permitted to participate in a clinical experience. The academic partner is to track student compliance with this requirement, and send statistical documentation of the same to the designated MercyOne Northeast Iowa education contact.

\*\* Good resources for documentation of vaccination are: your college student health center, previous high school (Or elementary), doctor’s office, OB-GYN doctor (for rubella titer results,), passport immunization record, or any health care center in which you have worked.

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| Documentation of **Additional Requirements:**  | **Resources for location or obtainment for these documents** |
| * **Negative Criminal Background check**
 | [[State of Iowa] DPS\_DCI\_Criminal\_History\_Billing\_and\_Request\_Form\_ONLINE (seamlessdocs.com)](https://stateofiowa.seamlessdocs.com/f/DPS_DCI_Criminal_History_Billing_and_Request_Form) |
| * **5-Panel Urine Drug Screen** (see below)

Prior to placement ALL students wishing to have an academic experience at a MercyOne Northeast Iowa facility will be required to demonstrate a negative 5-panel urine drug screen prior to placement. A negative result will require no further screens unless reasonable suspicion is present, in which case additional screens may be requested.  If the drug screen is positive, he/she will not be permitted to participate in a placement. He/she may re‑apply for a clinical placement after twelve (12) months have elapsed.  | Bluebell Occupational Health Clinic, or Allen Occupational Health DepartmentBluebell-OPH: 319-575-5600 Allen Occ. Med: 319-235-3885**Please note:  Expenses for all health requirements and pre-requisites are the responsibility of the academic institution and/or student.**  |
| * Certified in **Basic Life Support** (Health Care Provider + AED)

(Since we are an American Heart Association (AHA) affiliate and per MercyOne Northeast Iowa policy, we only accept AHA approved course completion cards. For BLS, we only accept the highest level of training which is Healthcare Provider) | UNI wellness, American Red Cross, Hawkeye Community College-Community Education, Iowa City EMSLRC, Health Care employers(Online CPR courses do not qualify unless you have met the AHA performance requirements) |
| * The student listed has attended Iowa Department of Public Health approved **Adult & Child Mandatory Reporter**
 | [Register to Learn](https://wd5.myworkday.com/wday/vps/wday/calypso/bootstrap/eex/requestuserbootstrap/stateofiowa/48a3611b50fd100174115e163ad30000) |
| * Documentation of **Professional Liability insurance**

(May be on file with the Academic partner. If you are an individual student attending from UNI, you must provide this documentation) | Check with Professional organizations associated with your career direction, there is usually a student discount (Example: HPSO Health Providers Service Organization)[CoverWallet an Aon company - Insurance for small businesses](https://www.aondigital.com/en-us/hpso-individuals/quotes/dynamic-questions/individuals_profession/edit/0?utm_ai=cw&_gl=1*166vly8*_gcl_au*MTU0MzM1MDkxMC4xNzM0MzgwMTg1*_ga*MzYxNjg5NzcuMTczNDM4MDE4Ng..*_ga_43H66KZZ9R*MTczNDM4MDE4NS4xLjEuMTczNDM4MDQwNC4xOC4wLjA.) |