|  |  |
| --- | --- |
| **G:\CEPD Branding\DukeHealth PNG file.png** | **AFFILIATE STUDENT CHECKLIST** |
|  |  |
| **Student Name:** |  |
| **Telephone:** |  |
| **e-mail:** |  |
|  |  |
| **School:** |  |
| **School Program:** |  |
| **School Faculty- name/email:** |  |
|  |  |
| **Duke Clinical Preceptor:** |  |
| **Dates of Rotation:** |  |
|  |  |
|  | **Assigned Duke Location:** |
|  | Duke University Hospital |
|  | Duke/PDC Clinics |
|  | Duke HomeCare & Hospice |
|  | Duke Regional Hospital |
|  | Duke Health Raleigh Hospital |
|  | Other |
|  |  |
| **Date completed:** | **Compliance & Trainings:** |
|  | Background Check / *Please indicate where on file:* |
|  | Drug Screen/ *Please indicate where on file:* |
|  | Signed Confidentiality Statement |
|  | Reviewed Core Orientation: LINK provided; see email instructions <http://www.ncahec.net/Student_and_Faculty_Core_Orientation_Training.pptx> |
|  | Reviewed DUHS Orientation Supplement |
|  | Reviewed DUHS Orientation EOC brochure |
|  | Basic Life Support Certification (for students having patient contact) |
|  |  |
| **Date completed:** | **Immunizations:** |
|  | Measles- lab evidence of immunity, physician-diagnosed disease, or 2 doses measles-containing-vaccine |
|  | Mumps- lab evidence of immunity, physician-diagnosed disease, or 1 dose mumps-containing-vaccine |
|  | Rubella- lab evidence of rubella immunity, or one dose live rubella vaccine |
|  | Varicella- lab evidence of varicella immunity, or 2 doses varicella vaccine |
|  | Pertussis- Tdap required if in clinical areas w/ children < 18 mos. of age |
|  | Polio |
|  | Influenza |
|  | TB test |
|  | TB attestation completed and signed |
|  |  |
| **All original verifications & records must be filed by school &/or student, available upon request of DUHS.** | |
|  | |
| **Name of individual**  **attesting to accuracy of**  **all information provided here:** | |
|  |  |