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| **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:** |
|   |   |