

**Volunteer Services Department – Student/Intern/Shadow Health Requirements Checklist**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Each student shall satisfy Mercy Medical Center's Student Health Policy with regard to pre-clinical and non-clinical student internship requirements or shadow observations, including amendments thereto, as set forth below. **The Health requirements are to be completed prior to the hospital experience.** The student, intern or shadow participant shall be responsible for completing the Health Record below and shall make this information available to Mercy Medical Center upon request and at time of application. Any participant who does not meet the health criteria established cannot be assigned. **The Checklist below must be complete and the student, intern or shadow participant must provide Medical or School documentation of vaccinations and/or titers and additional requirements at their own expense. Please check below all that apply.**

Documentation of Vaccination:	Documentation Attached
<b>Tetanus/diphtheria/pertussis (whooping cough)</b> - complete <b>DTaP series</b> or one dose of <b>Tdap</b> with Tetanus toxoid or Tetanus diphtheria <b>within ten (10) years (of your start date)</b> thereafter.	<input type="checkbox"/>
<b>Rubella</b> - one dose of live vaccine on or after 1 <sup>st</sup> birthday. Exception- adults born before 1957 are considered immune unless women of childbearing age.	<input type="checkbox"/>
<b>Rubeola (measles)</b> - two doses of live vaccine on or after 1 <sup>st</sup> birthday.	<input type="checkbox"/>
<b>Mumps</b> - one dose of live vaccine. Exception- adults born before 1957 are considered immune.	<input type="checkbox"/>
<b>Varicella zoster (Chicken pox)</b> - two doses of live vaccine.	<input type="checkbox"/>
<b>--OR-- Proof of Immunity (Blood Titers)</b> (E.g. proof of Chicken Pox virus, etc.).	<input type="checkbox"/>
Additional Requirements:	
<b>BLS Documentation:</b> Documentation of Basic Life Support (BLS). Each student or intern (not a shadow participant) who is assigned to a clinical assignment must be certified in Basic Life Support (BLS). <b>The CPR certification cannot be accepted.</b>	<input type="checkbox"/>
<b>Influenza vaccination:</b> must have documentation of seasonal influenza vaccination (i.e., from October 1-March 31). If not vaccinated, regardless of reason, the student, intern or shadow participant must wear a surgical mask while in patient areas.	<input type="checkbox"/>
<b>Tuberculosis testing: TB skin test documentation will include TB test administered/read dates; results (positive or negative) and skin induration/numerical value (e.g. 0.00). The blood test will include the date and results. Please select a TB test option below:</b> <ul style="list-style-type: none"> <li>• <b>Option One:</b> <ul style="list-style-type: none"> <li>○ Submit documentation of two separate TB tests. <b>First test:</b> History of a TB test within the last 12 months from the start date. <b>Second test:</b> A current TB test within three months of the start date. For both tests, the participant can submit either a one or two step. <b>For example,</b> the start date is April 15, 2019. The TB test history would be dated from April 15, 2018, to April 15, 2019. The additional second test would be dated from January 15, 2019 through your start date.</li> </ul> </li> <li>• <b>Option Two:</b> <ul style="list-style-type: none"> <li>○ <b>No History of a TB screen within the last 12 months before start date:</b> Participant will need to obtain a two-step TB screen within three months of the start date. <b>A two-step test is one TB test followed by a second TB test one week later.</b> Both TB tests will have a read date and the medical staff will provide the dates to return.</li> </ul> </li> <li>• <b>Option Three:</b> <ul style="list-style-type: none"> <li>○ Submit alternatively, a <b>Blood Assay (Blood test for TB)</b> within three months of the start date. No history is required.</li> </ul> </li> <li>• <b>Positive TB Test:</b> <ul style="list-style-type: none"> <li>○ <b>Any participant with a history of positive TB tests must have a chest X-ray dated within a year of the start date. If a current PPD skin or Blood test is positive, an X-ray (dated immediately before the start date) is required.</b> After the initial X-ray, no further X-ray is required unless symptoms develop. Participants are required to complete and submit a TB symptom questionnaire on an annual basis.</li> </ul> </li> </ul>	<input type="checkbox"/>