

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

Name: _____

Date: _____

Each student shall satisfy Mercy Medical Centers' 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.**

Documentation of Vaccination:	Documentation Attached
Tetanus/diphtheria/pertussis (whooping cough) - complete DTaP series or one dose of Tdap with Tetanus toxoid or Tetanus diphtheria within ten (10) years (of your start date) thereafter.	<input type="checkbox"/>
Rubella - two doses of live vaccine on or after 1 st birthday. Exception- adults born before 1957 are considered immune unless women of childbearing age.	<input type="checkbox"/>
Rubeola (measles) - two doses of live vaccine on or after 1 st birthday.	<input type="checkbox"/>
Mumps - two doses of live vaccine. Exception- adults born before 1957 are considered immune.	<input type="checkbox"/>
Varicella zoster (Chicken pox) - two doses of live vaccine or physician documentation of the chicken pox or shingles disease.	<input type="checkbox"/>
Hepatitis B Series – Did you complete the Hepatitis B Series or did you obtain a blood titer verifying immunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--OR-- Proof of Immunity (Blood Titers) (E.g. proof of Chicken Pox virus, etc.).	<input type="checkbox"/>
Additional Requirements:	
BLS Documentation: 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). The CPR certification cannot be accepted.	<input type="checkbox"/>
Influenza vaccination: 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"/>
Tuberculosis Testing: TB skin test documentation will include TB test read dates and results (positive or negative). The blood assay test will include the date and result. Please select a TB test option below: <ul style="list-style-type: none"> • Option One: <ul style="list-style-type: none"> ○ Submit documentation for a two-step TB test or blood assay administered within the last 12 months. No additional TB tests are needed. <ul style="list-style-type: none"> ▪ A two-step TB test is one TB test followed by a second TB test one week later. Both TB tests will have a read date and results. The medical staff will provide the dates to return. • Option Two: <ul style="list-style-type: none"> ○ Submit documentation for a one-step TB test in the current year. <ul style="list-style-type: none"> ▪ You will also need to submit documentation for a history (12 months) of a previous two-step TB test. –OR– a history of a two-step TB test with annual one-step TB test thereafter. • Positive TB Test: <ul style="list-style-type: none"> ○ 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. 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. 	<input type="checkbox"/>