

## Allied Health Student Checklist

Program Official Name: \_\_\_\_\_

Position \_\_\_\_\_

Student Name \_\_\_\_\_

Start date \_\_\_\_\_

	<u>Date</u>	<u>Initials</u>
Verification that student is in good standing in program	_____	_____
Appropriate liability coverage from educational institution can be verified	_____	_____
Criminal Background Check completed with no findings*	_____	_____
Child Abuse Application completed	_____	_____
Adult Abuse verification	<b>Completed by Clinical Site</b>	
Evidence of current physical exam	_____	_____
Evidence of current PPD (annual)	_____	_____
Evidence of immunization or signed declination for the following:		
• Tetanus, Measles, Mumps, Rubella, Varicella (if unknown H/O Chicken pox)	_____	_____
• Hepatitis B	_____	_____
• Seasonal Flu (if rotating from October – March)	_____	_____
Negative Drug Screen Results received	_____	_____

*\* The student applicant with positive findings on their criminal background check must mail or fax their results to the Allied Health offices for review. Upon completion of the review, it will be determined if the student can participate in a clinical experience at any Christiana Care facility.*

*Mail positive findings to: Allied Health Program Office, Riverside Medical Arts Complex, Suite 101  
700 W. Lea Boulevard, Wilmington, DE 19802*

*OR*

*Fax to: 302-765-4599*

I hereby certify that the student listed above is cleared to participate in a clinical experience according to Christiana Care standards and the guidelines set forth in the Visiting Student Responsibilities for Rotations at Christiana Care.

Signature: \_\_\_\_\_

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