

Student, Intern, & Shadowing Rotation Screening Checklist

Name : _____

Phone Number : _____

E-mail : _____

Educational Institution : _____

Title : _____

Active Date : _____

Badge Number : _____

ID Number : _____

Department : _____

Application & Acknowledgments	Completed
Request Description	
Physician/Department Approval	
Proof of Education Enrollment/Application	
Signed Agreement Through Compliance	

Minimum Requirements	Verified by HR
Pass a Criminal Background Check	Full Report I Attestation
Pass a 10-Panel Drug Screen	Full Report I Attestation
Tuberculosis (TB) Test	Negative Results Exp: _____
Influenza Vaccination (Flu Shot)	Received I Declined I Out of Season
COVID-19 Vaccination	Fully V: _____, B: _____
MMR (Measles Mumps and Rubella)	Immunity I Not Immune (D)
Varicella (Chickenpox)	Immunity I Not Immune (D)
Pertussis Vaccination (Tdap)	Immunity I Not Immune (D)
Hepatitis B (Hep B)	Immunity I Not Immune (D)
Fit Test & Evaluation/Questionnaire	C/T Exp: _____, N95: _____

License and Certifications	Verified by HR
Professional License - California	Type: _____, Exp: _____
Required Certification	Type: _____, Exp: _____

Orientation Documents Needed Prior To Achieving Clearance	
Documents & Acknowledgments	Completed
CMHS Orientation Packet	Date: _____
CMHS Job Responsibilities	Date: _____
Proof of Minimum Qualification	
CMHS Marathon Statement & Post-Test	Year: _____

Orientation Documents Needed Shortly After Achieving Clearance	
Orientation Documents	Completed
Department Specific Orientation	Date: _____
CMHS Evaluation	Due by: _02/01/20_

Notes	
CMHS point of contact :	
M.R. Notes :	
L.C. Notes :	Type: _____, Exp: _____ Type: _____, Exp: _____
O.D. Notes :	
Expected Start Date :	

Risk Level
 MCH : Maternal Child Health
 Level 1 : Patient Care Reps (any involvement in high risk departments)
 Level 2 : On-Site Reps (non-patient care areas)
 Level 3 : Off-Site Reps

Cleared : _____

Not Cleared : _____

Inactive Date: _____