

Central Florida Regional Hospital Student Record

Instructions: This form must be completed and signed by an authorized representative of the school for each student. Submit form to Student Coordinator at least 2 weeks prior to scheduled rotation

Print Student Legal Name _____ Date of Birth _____

Complete Home Address _____ City _____ St. _____ Zip _____

Student School Email: _____ Phone Number _____ - _____ - _____

Date Rotation Begins _____ Date Rotation Ends _____

On behalf of _____ [School/Location] I acknowledge and attest that we own, and have in our possession, a background investigation report and health records on the individual identified below. Such background investigation, health record and drug and alcohol report are satisfactory in that they include:

- Documentation of illness or immunization by vaccine for Measles, Mumps, Rubella, and Varicella.
- TST done within one year. If positive TST, must have negative chest x-ray and questionnaire completed annually documenting that student has no symptoms of tuberculosis.
- Evidence of Hepatitis B vaccination or a declination statement signed by this student.
- Laboratory testing does not reveal the inappropriate use of drugs
- N95 Fit Testing within one year OR N95 Fit Testing is requested during Orientation OR Student is not expected to have direct patient contact.
- Proof of Student or Personal Accident Insurance Policy
- Proof of Professional Liability Insurance Policy
- Proof of current BLS/CPR Card
- Does not reveal any criminal conviction over the past 7 years (up to 5 criminal searches)
- Does not reveal ineligibility for rehire with any former employer or otherwise indicate poor performance;
- Confirms the individual is not on either the GSA or OIG exclusion lists;
- Confirms the individual is not listed as a violent sexual offender;
- Confirms this individual is not on the U.S. Treasury Department's Office of Foreign Assets Control list of Specially Designated Nationals

Student has:

- Completed of HCA Code of Conduct Orientation OR will be scheduling an appointment with Student Coordinator for Code of Conduct Orientation.

I further attest that the background investigation report does not include any information about prior or pending investigations, reviews, sanctions or peer review proceedings; or limitations of any licensure, certification or registration.

This attestation is provided in lieu of providing a copy of the background investigation and/or the drug and alcohol report.

I also acknowledge and agree to an annual compliance audit by Hospital of five percent (5%) or a minimum of thirty (30) such background investigation files as authorized by the subjects under the Fair Credit Reporting Act (FCRA)

Signature of Authorized School Representative _____ Date _____

Printed Name of School Representative _____