

COMPLIANCE CHECKLIST

Semester: Fall Spring Summer _____ Year: _____ # of hours: _____
 Student: _____ Phone: _____
 School: _____ Field of Study: _____
 School Coordinator: _____ Phone: _____
 CSM Contact: _____ Department: _____

This student has met all of the requirements as stipulated in the Master Affiliation Agreement between Columbia St. Mary's and above named school. I have checked each box next to all of the statements that have been completed by and apply to this student. Keep this form on file at the school.

- Student has read and signed the *Confidentiality Agreement (on file at the school)*
- Completed online Mandatory Orientation Courses and submitted attestation form.
- Student has read and understands *Patient Rights and Responsibilities*
- Student has read the *Corporate Responsibility/Standards of Conduct*
- Health screening which includes, and documentation is on file at the school:
 - Health assessment that includes a history of communicable diseases, including varicella (chicken pox), rubella (German measles), measles, mumps, hepatitis, immunodeficiency, skins conditions and risk factors or treatment for tuberculosis.
 - Satisfactory results from an initial one step tuberculin skin test for individuals who have not had a documented negative TB test result in the preceding twelve months.
 - Vaccination or confirmed immunity against rubella or rubeola, for individuals born in 1957 or later.
 - Offer of vaccination, positive history or confirmed immunity against varicella.
 - Offer of Hepatitis B vaccine to those who potentially may be exposed to blood and body fluids and documentation of vaccination or refusal of vaccination.
 - Ten (10) panel drug screen performed by an approved laboratory prior to placement.
 - Annual influenza vaccination prior to clinical start during influenza season 11/1-3/31, including written certification from administering health care provider of date of administration, vaccine lot number and expiration date. If there is a medical contraindication or a religious exemption, the student must wear a mask during the entirety of their clinical during influenza season, as defined above.
- Background Check in accordance with the Wisconsin Caregiver Background Check Law. Any positive findings is sent to CSM for review to determine is student is accepted for placement.

Signature of Instructor/School Education Coordinator

Date

NOTE: This Compliance Checklist must remain on file at the school.

Also on file at the school:

- Health Screening Documents Influenza Documentation
- Background Check (CSM HR must approve any student with a record, send to CSM for review) Confidentiality Agreement