

## Documentation Requirements for Student Participation

**Student's Name:** \_\_\_\_\_  
(Please print)

(Other items may be added as needed according to the requirements of any specific situation or area policies.)

This statement serves to verify that the student/instructor, who will be in a clinical area within a Saint Luke's Health System entity during the current academic year, has given their college proof of all vaccinations and paperwork required for their program. Students/schools will provide documentation to the Hospital upon request.

Each student and instructor who will be in the clinical area may be required to show proof of the following **(based on individual program requirements, not all are required for every course of study)**:

1. Can show evidence he/she is negative for TB (within the previous 12 months). The undersigned also attests to not knowingly having contact with anyone with active Tuberculosis (TB).
2. Can show evidence he/she has immunity to Hepatitis B (vaccination series + titer/screen) or waiver signed declining vaccination.
3. Can show evidence that he/she has immunity to MMR (vaccination or + antibody screen/titer).
4. Can show evidence that he/she has immunity to Varicella (vaccination or + antibody screen/titer or physician diagnosed disease).
5. Proof of Tetanus, Diphtheria and acellular pertussis booster within 10 years (Tetanus and Diphtheria will be sufficient if that was the last booster given within 10 years).
6. Students attending clinical at SLHS must complete page 1 of the Missouri Department of Health and Senior Services Bureau of Communicable Disease Control and Prevention Tuberculosis (TB) Risk Assessment **annually**. If the answer to any of the TB Risk Assessment questions in Section A or B is YES or NO RESPONSE, section C and additional Medical Evaluation is required.
7. Is currently certified in Basic CPR, if applicable.
8. Can show evidence of a current flu vaccine (Oct – May). Please email Alisa Barker and Ursula Krieg if student has exemption.
9. Certification of completion of background check and drug screen in accordance with student affiliation agreement.

\_\_\_\_\_  
Instructor signature

\_\_\_\_\_  
Date