

Student/Instructor ATTESTATIONS for Clinical Rotations

Name of School:		Dates of Clinical Rotation:	
Program Type:		Campus/Clinic:	
		Clinical Unit/Department:	

Please complete the following table. A check mark indicates compliance. This form must be submitted PRIOR TO beginning the clinical rotation.
 The school will maintain documentation for ALL items listed, which are included in the current Affiliation Agreement between Ochsner and School.
 Per Agreement, proof of this information must be available upon request.

	OIG/GSA Verification	Current BLS (AHA) For all clinical rotations	Student has current Health Insurance Coverage ¹	Proof of Negative TB test or Health Screen Form (within 12 months)	MMR x 2 or Positive Titer: <u>Rubella</u>	MMR x 2 or Positive Titer: <u>Mumps</u>	MMR x 2 or Positive Titer: <u>Measles</u>	Varicella x 2 or Positive Titer: <u>Chicken Pox</u>	Hep B Titer showing immunity after completed vaccine series or declination form signed after negative titer	Drug Screen completed (cleared and appropriate to work in hospital setting)	Negative Background Check (cleared and appropriate to work in hospital setting)	Checked Sexual Offender Registry for the state of Louisiana & state of residency. Cleared and appropriate to work in hospital setting.	Current influenza vaccination for current influenza season	COVID-19 Vaccination or School Approved Exemption	Current Nursing License for State of Louisiana
Name of Student /Instructor	✓	✓	Y/N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Vaccinated or Exempt	Y, N, or N/A
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11.															

I acknowledge and attest the above captioned school owns and has in its possession the above documentation and reports. I also acknowledge and agree to regular compliance audits by Ochsner LSU Health Shreveport to ensure documentation is available upon request. By the execution hereof, the school hereby warrants and confirms to Ochsner LSU Health Shreveport the accuracy of the information provided.

Date:	By:	Title:

¹Ochsner requires health insurance.