

RIVERVIEW REGIONAL MEDICAL CENTER
STUDENT-INSTRUCTOR PROFILE

INSTRUCTIONS: This form must be completed and returned with the clinical schedule at least two weeks prior to beginning clinical. Scan and send via email to **SLee17@primehealthcare.com** or fax to "Attn: Director of Education" at **256 543 5558**.

~PLEASE PRINT NEATLY & LEGIBLY~

NAME _____ PHONE _____ LAST **5 DIGITS** OF SOCIAL SECURITY # _ _ _ _ _

SCHOOL _____ CLINICAL COURSE _____ DATE CLINICAL STARTS _____

INSTRUCTOR NAME _____ INSTRUCTOR EMAIL _____

DEPT/UNIT/FLOOR(S) _____ PRECEPTOR NAME (if any) _____

EMERGENCY CONTACT _____ RELATION _____ PHONE NUMBER _____

My signature below indicates that I have read and understand the contents of the "Riverview Regional Medical Center Student/Instructor Orientation Manual" and that I will abide by all policies and procedures of Riverview Regional Medical Center.

Signature _____ Date Signed _____

Parent/Guardian Signature (if required) _____ Date Signed _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY A SCHOOL REPRESENTATIVE.		YES	NO
<i>Any "NO" responses must be addressed before the student can be allowed at RRMCC.</i>			
PPD SKIN TEST	PPD skin test completed in last 12 months and resulted negative or cleared by chest xray?		
N95 MASK FIT TESTING	Has been fitted for N95 mask OR will not be allowed to care for patients whose contact requires an N95 mask? <i>*required only for those students in clinical areas</i>		
FLU VACCINE	Has had the flu vaccine this season? <i>*Those who do not take the flu shot this season must wear a mask at all times while in patient care areas.</i>		*
HEPATITIS B	Has completed the Hepatitis B vaccine series AND Hepatitis B titer indicates immunity?		
VARICELLA	Has had Varicella disease OR has had Varicella vaccine AND varicella titer indicates immunity?		
MMR	Has had MMR vaccine and MMR titer indicates immunity?		
DRUG SCREEN	Drug screen is clear?		
BACKGROUND	Background check is clear?		
LICENSE	Is direct source license verification (dated prior to clinical start date) on file ? <i>*clinical instructors only</i>		*
ID	Does student/instructor have a school issued photo ID?		
CPR	BCLS for Healthcare provider certification is current through clinical semester? <i>*required only for those students in clinical areas</i>		*
Comments:			

I attest that the information above is correct, and that if requested, copies of the documentation can be provided by the school.

School Representative Signature _____ Date: _____
 School Representative Title: _____ Email: _____

STOP HERE – THIS SECTION FOR INTERNAL PURPOSES			
Employee Health Nurse Review Signature _____ Date _____	Human Resources Review Signature _____ Date _____		