MedStar Health

ATTACHMENT B
Certification of Student Requirements

This completed form must be signed by the appropriate University representative and be returned to _____ at least thirty (30) days prior to the start of the student's clinical experience.

Student's Name:_____

Area of Clinical Field Work:_____

Start Date of Clinical Experience: _____

1. The above-referenced student currently maintains adequate health insurance coverage and is in compliance with the Health Screening and Documentation Requirements listed on Attachment C.

2. A criminal background check covering the prior seven (7) years [federal; DC, Maryland, and Virginia; and any other state where the student has lived] was completed on _____. The records indicate that the student has never been convicted of any of the following offenses:

    a. Murder
    b. Arson
    c. Assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm
    d. Burglary
    e. Robbery
    f. Kidnapping
    g. Theft, fraud, forgery, extortion or blackmail
    h. Illegal use or possession of a firearm
    i. Rape, sexual assault, sexual battery, or sexual abuse
    j. Child abuse, cruelty to children or other similar offenses
    k. Unlawful distribution, or possession with intent to distribute, a controlled substance

3. A Ten (10) Panel non-DOT Drug Test was performed on _____ and the results are negative.

I attest that the above-referenced student has fulfilled the above requirements and that all documentation evidencing the above information is kept on file at the University and will be made available to MedStar Entity upon request.

_____

(Signature of University representative) Date

MedStar Health

ATTACHMENT C
Health Screening and Documentation Requirements

Each MedStar Entity has their own health screening and other documentation requirements which may vary due to the nature of the educational experience. Documentation and health screening requirements may include, but not be limited to:

a) Provision to MedStar Entity of all applicable required licenses, permits, certifications or degrees by University upon request, including written documentation that includes:

1) As appropriate, background information on all students prior to their affiliation with MedStar Entity, including but not limited to, a completed application, skills checklist, evidence of training in Universal Precautions as applicable, at least two (2) written professional or technical references as required by MedStar Entity, any applicable Visa information, evidence of continuing education as required by the appropriate professional and/or technical oversight Agency(s), evidence of a satisfactory work history including demonstrated reliability in performance of their duties and a satisfactory attendance as requested by MedStar Entity; and for House Staff, Nursing Staff, Respiratory Therapists and all other Direct patient care providers, University shall also provide current CPR certificate;

2) Evidence of IGRA (T-Spot, Quantiferon gold) or a negative tuberculin skin test by Mantoux PPD within the twelve (12) months prior to the start date. MedStar Entity's Employee Health Service will update the PPD, at no cost to the University, if due while the individual is affiliated with MedStar Entity. It is the University's responsibility to ensure compliance with tuberculosis screening.

a) If student's PPD history is positive, University must have on file documentation of a negative chest x-ray performed after identification of the positive PPD. If prior positive history without treatment for latent TB, student is then required to complete an annual questionnaire to identify symptoms of tuberculosis disease (i.e. shortness of breath, productive cough, bloody sputum, weight loss, fever, chills, loss of appetite, generalized swollen glands) and affirmative responses will require referral for evaluation for chest x-ray.

3) Proof of immunity to Measles, Mumps and German Measles (Rubella) by providing documentation of two (2) MMR vaccines; or laboratory evidence of immunity.

4) Laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.

5) Documentation of completion of three (3) Hepatitis B vaccines or titer result

required for positions with potential exposure to blood/body fluids; or if the individual declines the vaccine, a signed statement of declination.

6) For clinical experience under this Agreement, evidence of an annual flu vaccine in accordance with MedStar Entity's influenza vaccine program and policy.

7) For clinical experience under this Agreement, evidence of full COVID-19 vaccination accordance with MedStar Health's COVID-19 vaccine program and policy.