

Student Name: _____ Term/Date: _____

Clinical Requirements Checklist: Clinical Clearance Information (Documented through Castlebranch)

Clinical Coordinator Initials	Requirements	Student Initials of Completion
	<p>Information to order through Castlebranch:</p> <ul style="list-style-type: none"> • Initial Background check- will be repeated beginning of Junior and Senior years • Initial Urine drug screen – must be 12 panel with opiate screening. Will be repeated beginning of Junior and Senior years. 	
	<p>The following information needs to be obtained by the student and loaded into Castlebranch:</p> <ul style="list-style-type: none"> • Annual Physical examination by qualified health care provider (MD, NP, PA). Page 2 of this form. • CPR Card: BLS through American Heart Association or equivalent. Must be healthcare provider program which includes adults/children/AED. Card must be signed by student and instructor of CPR program. This certification must be kept up to date throughout the program. Must be valid for the entire semester • PPD skin test (Tuberculosis): Initially must be a 2-step test and result must be NEGATIVE. If POSITIVE, the results of a chest x-ray must be submitted along with clearance by provider that person is not infectious and TB Questionnaire for positive testers must be completed annually. • A 1-step (single) PPD is required annually (start of August semester) or as often as every 90 days depending on the clinical agency requirement. USCB will accept Quantiferon; not T-spot. • Titers: (MUST be IgG levels) actual lab result, for the following <ul style="list-style-type: none"> ○ Rubella ○ Rubeola ○ Mumps ○ Varicella ○ Hepatitis B ○ If any titers come back non-immune, please refer to instructions on page 3. • If student refuses Hepatitis B vaccination, must sign a waiver. • Evidence of up to date Td vaccine (every 10 years) with a one-time adult dose of Tdap (Whooping cough portion). • Seasonal influenza vaccine annually before start of clinical annually before start of fall clinical rotations. • Proof of Health Insurance • Signed affirmations from BSN Handbook <ul style="list-style-type: none"> ○ Read handbook and student responsibilities ○ Responsibility/Waiver of Liability Student Release Form (USCB) ○ Authority For Release of Information Form 	