

Parkview Health

Student Records Validation Form

This sheet is to be completed by the school for each student that is attending an internship at Parkview Health. All source documentation needs to be on file at the school and if requested by Parkview Health must be produced in 24 hours. This completed form and documentation must be submitted to Parkview Health at least 15 days prior to the student reporting for an internship experience.

Institution and Educational Program: _____

Student name: _____

Vaccinations:

- Measles/Mumps/Rubella vaccine:

Date #1 _____ Date #2 _____ Date #3 _____

Or

- Rubella AB titer: Date _____
- Rubella measles AB titer: Date _____
- Mumps AB titer: Date _____
- Tetanus Diphtheria: Date _____
- Annual influenza vaccine - for the current flu season: (season runs from October 1 thru April 30 each year)

Date #1 _____ Or Student did not receive vaccine

- Hepatitis B Vaccine:

Date #1 _____ Date #2 _____ Date #3 _____

Titer (date drawn): _____

- Did student have the chickenpox? Yes No (If no please include vaccination dates below)

Chicken Pox (Varicella) vaccine: Date #1 _____ Date: #2 _____

Titer (date drawn): _____

- TB Test (Mantoux, PPD, TST or Quantiferon – TB Gold):

Date _____ (within last 12 mo.)

If positive reactor, a Chest X-ray is required:

Date _____ Please attach copy of X-ray results

Please check box to indicate documentation is on file with the institution

- TB test results
- Criminal background check
- Drug screen results
- Current American Heart Association CPR/ BLS Certification: (If applicable to student department)

I certify that this information is correct and accurate according to information supplied by the above named student and have verified documentation. Supporting documentation is on file at the educational institution named above and available upon request.

Institutional Official Signature

Title

Date