



## Student Requirements

### ATTACHMENT C

#### Certification of Student Requirements

This completed form must be signed by the appropriate University representative and be returned to Romina Astifidis 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 D.
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. (must be done within 12 months of start date)

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 Affiliates upon request.

\_\_\_\_\_  
(Signature of University Representative) Date



**ATTACHMENT D**

Health Screening and Documentation Requirements

Each Affiliate 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:

- 1) Provision to Affiliates of all applicable required licenses, permits, certifications or degrees by University upon request, including written documentation that includes:
  - a) As appropriate, background information on all students prior to their affiliation with Affiliates, 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 Affiliates, 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 Affiliates; and for House Staff, Nursing Staff, Respiratory Therapists and all other Direct patient care providers, University shall also provide current CPR certificate;
  - b) 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. Affiliates' Employee Health Service will update the PPD, at no cost to the University, if due while the individual is affiliated with Affiliates. It is the University's responsibility to ensure compliance with tuberculosis screening.
    - i) 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.
  - c) Proof of immunity to Measles, Mumps and German Measles (Rubella) by providing documentation of two (2) MMR vaccines; or laboratory evidence of immunity.
  - d) Laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.
  - e) 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.
  - f) For clinical experience under this Agreement, evidence of an annual flu vaccine in accordance with Affiliates' influenza vaccine program and policy.
  - g) For clinical experience under this Agreement, evidence of full COVID-19 vaccination accordance with MedStar Health's COVID-19 vaccine program and policy.



MedStar Health

## ATTACHMENT E

### Confidentiality Statement For Students/Trainees/Observers

I understand and agree that as part of my affiliation, training and/or observations on the premises of, or on behalf of, Affiliates, or any of its subsidiaries or affiliates (collectively "MedStar"), I may, both prior to, and while on the premises, have access to, or come in contact with, Confidential Information.

I understand that Confidential Information includes, but is not limited to, any of the following information or materials owned by, or in the possession of MedStar (including any such information created by me in connection with my affiliation, training and/or observations): All business information, personnel information, quality improvement information, utilization management information, risk management information, operational policies or procedures, patient data or information, medical records, promotional and marketing programs, business plans, product specifications, manufacturing processes and operations, information about techniques, analytical methodology, safety, testing data and results, future market and product plans, billing and financial data and information, computer passwords/access rights, trade secrets, work product, intellectual property, and other information of a technical, scientific, or economic nature relating in any way to MedStar.

I understand that all Confidential Information created, obtained, received, reviewed, or which I may have contact in connection with my affiliation, training, and/or observations, is confidential in nature. I further understand and agree that I shall, at all times, ensure the confidentiality of all Confidential Information I have contact with, that I shall not re-disclose such Confidential Information to any other person or entity without prior written approval from MedStar, and that I shall comply with all applicable laws including the obligation to maintain patient privacy. I further agree that I shall only review or access Confidential Information as specifically permitted by MedStar.

I agree to promptly inform appropriate representatives of MedStar of any breach of confidentiality for which I become aware and to reduce the effect of such breach by retrieving any inappropriately disclosed Confidential Information and taking any other actions necessary to minimize the effect of such disclosure or use of such Confidential Information. I understand that a failure to comply with the terms of this agreement may result in disciplinary actions, including but not limited to immediate dismissal, criminal or civil sanctions.

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Signature of Student/Trainee/Observer

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Printed Name

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Date