



**The following outlines MedStar National Rehabilitation Hospital requirements for background check, drug screening and health screening. All needs to be completed PRIOR to start of clinical affiliation.**

**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 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 or cruelty to children
- k. Unlawful distribution, or possession with intent to distribute, a controlled substance

3. A Nine (9) 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

## **ATTACHMENT C - HEALTH SCREENING AND DOCUMENTATION REQUIREMENTS**

Each MedStar Entity has its 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 a negative tuberculin skin test by Mantoux PPD or T-spot within the twelve (12) months prior to the start date (must be updated annually). 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 has not had a PPD or T-spot test in the previous twelve (12) months, evidence of a negative test is required;

b) 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. 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 two (2) measles, one (1) rubella and one mumps; or laboratory evidence of immunity. (Persons born before 1957 require documentation of one (1) MMR vaccine).

4) Evidence of a positive history of chicken pox (varicella) disease, laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.

5) Documentation of completion of Hepatitis B, or if the individual declines the vaccine, a signed statement of declination.

6) A normal physical examination performed within twelve (12) months prior to start date (must be updated annually). Components of the physical should include examination of the head, eyes, ears, nose, throat, heart, lungs, abdomen, neurological and musculoskeletal systems

7) Documentation of influenza vaccination during flu season (approx. October-May)