



Records Acknowledgement Form
(This form is to be completed by a school representative)

Student Name: _____ School: _____

Start Date: _____

To promote quality and safety in the care of our patients and safety for our associates, all agencies contracting with Daviness Community Hospital are required to keep the following list of items for students who will be working in our facility on file in your organization's office. This Records Acknowledgement Form must be returned to our office **prior** to the student beginning their clinical experience in our Facility. In signing this form, you assume full responsibility of these records being current and accurate.

Occupational Health screening to include:

- Dates of MMR immunization; 2 documentations of MMR injections; OR titers showing immunity
- Dates of Varicella immunization; 2 documentations of Varicella immunizations; OR titers showing immunity
- Date of TB testing; 2-step or 2 annual test within one year of each other OR blood test within the year
- Date of annual flu vaccination or proof of exemption
- Dates of COVID-19 immunization or proof of exemption
- Tdap within last 10 years
- Hepatitis B series or titer showing immunity
- Clean drug screen

Background investigation to include the following (Documented proof verifying the absence of criminal convictions other than minor traffic offense):

- OIG (Office of Inspector General)
- USA Offender Search (national Sex Offender)
- Statewide Criminal Search
- County Criminal Court Search – all counties lived in last 7 years
- Social Security Address/Alia Trace
- EPLA (Excluded Parties Listing System)

My signature below acknowledges that all requirements as listed above have been completed, are in compliance with the requirements of the Affiliation Agreement, and the information will remain on file in our offices.

Authorized Agency Signature

Print Name

Date