



HEALTH AND BACKGROUND SCREENING ATTESTATION

NOVA SOUTHEASTERN UNIVERSITY

HEALTH OF PROGRAM PARTICIPANTS:

School affirms the Program Participants(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 12 months; and
2. Proof of Rubella and Rubella immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.
5. Negative drug screen.

BACKGROUND CHECKS:

School has conducted a retrospective background check on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless Hospital is notified in writing, all background checks are negative. The background check included the following:

1. Social Security number verification.
2. Criminal Search (7 years)
3. Violent Sexual Offender & Predator registry
4. HHS/OIG/GSA
5. Other: _____

ATTENDING STUDENT:

1. _____

STAFF/PRECEPTOR:

1. _____
2. _____

School acknowledges this information will be available to all affiliates as reasonably necessary.

SCHOOL:

Name: _____

Title: _____

Signature: _____

Date: _____