

FLOYD STUDENT CLINICAL ROTATION REQUIREMENTS SUMMARY

SCHOOL NAME: _____ TYPE PROGRAM: _____ INSTRUCTOR: _____

HOSPITAL UNIT: _____ STARTING DATE OF ROTATION: _____

PERSON COMPLETING FORM: _____

This form must be completed and sent to Blue Ridge AHEC by fax 866.521.1542 two weeks prior to clinical rotation.

For each student listed below, the school verifies that the following information is current as described in Requirements and on file.

STUDENT NAME	NEG PPD (within last 12 months) (Y or N)	HEP B (Y or N)	VARICELLA (Y or N)	MMR (Y or N)	Diphtheria/Tetanus (within last 10 years) (Y or N)	CRIMINAL CHECK (Y or N)	APPROVED (to be completed by BRAHEC) (Y or N)

School Representative Signature

Date