

**KADLEC MEDICAL CENTER**  
*Individual Student Records Verification*

In accordance with the contract for student practicum, a random audit of school records pertinent to the clinical experience will be performed. Please complete this audit checklist to ensure compliance with regulatory and accrediting agency requirements. Failure to complete this audit will result in suspension of the contract between the hospital and \_\_\_\_\_ (school/agency).

If there are questions pertaining to the completion of this document, contact: Wendy Gehrig, 942-2600.

Please return this audit within 10 days of request.

**Student name:** \_\_\_\_\_ **Request date:** \_\_\_\_\_

- National Criminal History completed within the past 2 years.  
No convictions recorded.
  
- Criminal disclosure statement signed. No crimes against people reported.
  
- Proof of immunizations recorded. (1) Negative tuberculin (TB) status within the past year (via Mantoux or chest X-ray). (2) Hepatitis B immunity documented, series begun or waiver signed. (3) Current measles and rubella immunity documented by vaccination or serum titre indicating antibodies. TDaP vaccine (FDA approved in June 2005) if the student has not received a Tetanus booster within the past two years.
  
- Blood borne pathogen education.
  
- CPR/BLS current. (If required for this request)
  
- Proof of Liability Insurance: Company Name (copy provided to KMC)\_\_\_\_\_.

My signature indicates I have personally viewed these documents at the school/agency noted above.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
**Academic Coordinator**

**The following items will be completed/confirmed upon arrival to Kadlec Medical Center:**

- Safety Education and HIPAA training in HES.
  
- Photo ID.
  
- Confidentiality Agreement.

KMC staff that viewed these documents:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
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