Evergreen Valley College Clinical Clearance Process Student Checklist

All Items Due in Complio (www.evcbackgroundcheck.com) by June 30th

☑ Comple	eted & U	<u> ploaded</u>	Name:	Date:
-	_	All students particle hospitals to comp	lete a criminal backgo participate in the cli	ssignments are required by acute care ground check and be cleared by the clinical inical experience. All students will be
	Emerge	ency Contact Form	n: must use EVC for	rm, and update thereafter as indicated
_	Accept	ance & Responsib	oility Form: must use	e EVC form
_	0	document) Community resou	rrent health insurances if you need health California:	

virus vaccine or 4-6 weeks after the administration of the live-virus vaccine. Highly advised to complete TST before receiving live-virus vaccines.

- Negative TST history
 - Must initiate a 2-step TST within 3 months prior to program enrollment year:
 - If first-step TST result is negative, the second-step TST should be administered 1-3 weeks after the first TST result was read.
 - If either, 1) the baseline first-step TST result is positive or 2) the first-step TST results is negative but the second-step TST is positive, TB disease should be excluded. Follow-up chest radiograph or x-ray (CXR) with written report of negative results.
- o Positive TST history:
 - Negative TB symptom review questionnaire (obtained from physician)
 - Written report of negative CXR within 3 months prior to program start date
- o Interferon Gamma Release Assay (IGRA)
- Positive antibody titer to measles, mumps, and rubella
 MMR
 Hepatitis B

 Written documentation of 3 doses of Hepatitis B vaccine, AND
 Positive antibody titer

 Varicella

 Positive antibody titer

 T-Dap

 Written documentation of one dose of T-Dap vaccine within past 10 years

 Seasonal Flu Vaccine

 Written documentation of Seasonal Flu Vaccine (annual), or

Note:

- Written documentation:
 - o Copy of yellow immunization record, or
 - o Copy of vaccine receipt with your name, name of vaccine, dose, route, date, or

o Signed declination of vaccine form (must wear mask during flu season)

- Physician letter (must be on physician stationary/letterhead) stating your name, name of vaccine, dose, and date
- Lab titer results (antibody titer):
 - Laboratory evidence of immunity copy of lab slip (*For Kaiser patients, just a screen print of your lab results indicating positive or negative are acceptable).

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