

**ACADEMIC INSTITUTION ATTESTATION OF COMPLIANCE FOR STUDENT**

**Student Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Academic Institution:** \_\_\_\_\_

**Academic Program/Discipline:** \_\_\_\_\_

**School/Program Coordinator:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Academic Institution and Student hereby certify to Augusta Health have satisfied the following requirements for student onboarding:**

- Criminal background check for Student has been performed with no adverse findings;
- Universal Precautions training has been provided to and understood by the Student;
- HIPAA training has been provided to and understood by the Student;
- Augusta Health Code of Conduct and Directives have been provided to and understood by the Student;
- Completion of Express Education and signed attestation;
- Urine Drug Screen has been performed with no adverse findings within 30 days prior to onboarding;
- Health record showing immunizations or immunity has been obtained that shows: (Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titer;
- Proof of immunity to varicella by either 2 varivax vaccines or a positive titer;
- Proof of immunity to hepatitis B if position has potential for coming into contact with blood or body fluids;
- Documentation of Tdap vaccine within 10years;
- Documentation of influenza vaccine within 1 year (For the current flu season: August 1<sup>st</sup> – March 31<sup>st</sup>)
- Documentation of 2 step tuberculin skin test (TST) is required-2 TST's within a year, the last one given no greater than 3 months before working at Augusta Health, noting that documentation of a TSPOT TB blood test or QuantiFERON Gold TB blood test done in last 3 months is accepted in place of the TST with a risk Assessment.
- All documents supporting compliance with the above requirements are to be kept on file by School and shall be made available to the Augusta Health Human Resource Office or Employee Health within 2 business days of request. In the event that Student does not meet the requirements set forth above, School shall promptly disclose such non-compliance to Augusta Health, in its sole discretion, determine whether to proceed with the clinical education experience.
- **School official** (initial\_\_\_\_\_) I understand that Student is fully responsible for any medical expenses incurred during a clinical placement with Augusta Health.
- **School official** (initial\_\_\_\_\_) I understand that Augusta Health reserves the right to audit, on a schedule or at random, information pertaining to the compliance requirements set forth herein.

\_\_\_\_\_  
**School/University Official Representative**  
**(Please Print)**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**School/University Official Representative**  
**(Signature)**

\_\_\_\_\_  
**Date**

Please send the Attestation of Compliance Form to:

Augusta Health Human Resources: Attn. \_Talent Acquisition\_, P.O.Box \_\_\_\_\_, Fishersville, VA 22939  
September 9, 2020