# SAMC AFFILIATED SCHOOL STUDENT ROSTER

Saint Agnes
A Member of Trinity Health

**School:** _____ **Student Type:** ☐ RN ☐ LVN ☐ Pharmacy ☐ PT ☐ RT ☐ Other: _____

**CCPS #:** _____ **Unit Assigned:** _____ **Instructor / School Designee & Phone:** _____

**Start Date:** _____ **End Date:** _____ **Days:** ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

| Student Information | | | | | Immunizations | | | | | | | Qualifications | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| First | Last | Last 4 of SSN | Mobile Phone | Email | Rubeola | Mumps | Rubella | Varicella | Hep B | T-Dap | TB | Background/ Drug Screen | BLS (AHA) Valid Thru |
| Mobile / Email are required for identity validation - please include area code with the mobile #. | | | | | 2 Doses / Positive Titer: Please indicate "+" after date if a positive titer For Hep B: 3 Dose Series / Positive Titer / Declination | | | | | 1 Dose / Declination | Last Date Only | Dates Cleared | Valid Thu Date |
| EX: John | Doe | 1234 | 5591234567 | John.doe@samc.com | Date 1<br>Date 2 | Date 1<br>Date 2 | Date 1<br>Date 2 | Date 1<br>Date 2 | Date 1<br>Date 2<br>Date 3 | Date 1 | Date 1 | Date 1 | Date 1 |
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**PLEASE SUBMIT THIS ROSTER NO LATER THAN 2 WEEKS PRIOR TO EACH ROTATION TO:** Nursing.Education@samc.com

**Flu Season (October through March):**
If your rotation dates occur during Flu Season, please have each of your students complete our ***Required Flu Vaccine Survey*** using the QR code:

# CLEARANCE REQUIREMENTS

Must be completed at least 2 weeks prior to rotation start date

| | | |
|---|---|---|
| **MMR** | Rubeola | 2 vaccines OR serological testing to demonstrate immunity OR signed declination |
| | Mumps | 2 vaccines OR serological testing to demonstrate immunity OR signed declination |
| | Rubella | 2 vaccines OR serological testing to demonstrate immunity OR signed declination |
| **Varicella** | | 2 vaccines OR serological testing to demonstrate immunity OR signed declination |
| **Hepatitis B** | | 3 dose series OR serological testing to demonstrate immunity OR signed declination |
| **Pertussis (T-Dap)** | | Single vaccination OR signed declination |
| **TB Skin Test** | | Negative History: PPD every 12 months. Last date of TB required only. Cannot be older than one year unless chest x-ray (5 years)<br>Positive History: Chest x-ray within 12 months, documentation of positive skin test. If x-ray over 12 months, may accept surveillance form stating the student is asymptomatic from students' physician. |
| **Background/Drug Screen** | | Must be within the last 4 years; 10-panel drug screen required. |