

SAMC AFFILIATED SCHOOL STUDENT ROSTER



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 Name	Last Name	Last 4 of SSN	Mobile Phone	Email	Rubeola	Mumps	Rubella	Varicella	Hep B	T-Dap	TB	Background / Drug Screen	BLS (AHA) Valid Thru	Rotation Hrs.
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 Date 2	Date 1 Date 2	Date 1 Date 2	Date 1 Date 2	Date 1 Date 2 Date 3	Date 1	Date 1	Date 1	Date 1	

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)
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.