



**STUDENT REQUIREMENT GRID 2017**

TEACHING INSTITUTION: \_\_\_\_\_ DATE \_\_\_\_\_  
 INSTRUCTOR'S NAME/CONTACT INFORMATION: \_\_\_\_\_

ROTATION DATES & DAYS (use separate sheet if needed): \_\_\_\_\_

**Please complete grid as applicable.** All students are required to have a current AHA CPR card (if clinical), TB test, background check, drug screening, and immunization record. This grid and the items in the **WHITE** columns below must be completed and returned to PIH Health Hospital- Downey Education.

| PIH Contact:                                    | Copy of AHA CPR Card Front & Back Expiration Date | Background Check Date 18 Years or Older | Drug Screening – 9 or 10 Panel | TB Test Date | Immunization Record & Physical Examination | Influenza Vaccine Date | 1)Orientation Post Test Completed,<br>2) HIPPA Post Test Completed, | 1)Student Release of Information form signed 2)Attestation signed 3) Privacy form signed, 4)eMD signed 5)Student Guidelines signed | Restraint and Gait Belt Competencies | Course Syllabus & Learning Objections on File in Education & Department |
|---|---|---|--------------------------------|--------------|--|------------------------|---|--|--------------------------------------|---|
| Student Schedule at PIH:<br>(Dates, Days, Time) |   |   |                                |              |  |                        |   |  |                                      |   |
| Total # Hours of Internship:                    |   |   |                                |              |  |                        |   |  |                                      |   |
| Student's Name                                  |   |   |                                |              |  |                        |   |  |                                      |   |
| 1.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 2.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 3.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 4.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 5.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 6.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 7.  |   |   |                                |              |  |                        |   |  |                                      |   |
| 8.  |   |   |                                |              |  |                        |   |  |                                      |   |

I confirm that the above **shaded** student requirements are current and on file at our college/university.

INSTRUCTOR/DESIGNEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_