

North Mississippi Health Services

Student Profile & Checklist

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Educational Institution: _____

Program: _____ Estimated Graduation Date: _____

Preceptor Name: _____ Unit Assigned: _____

Total Hours required for this rotation: _____

Rotation Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Are you an employee of NMHS? _____

(If yes, do not submit proof of immunizations or background check, we will obtain those records from Employee Health)

Please attach the following documents:

- Student Clinical Education Agreement *
- Student Orientation Certificate *
- Proof of Immunizations
 - 2 MMR vaccines after first birthday
 - 3 Hepatitis-B vaccinations or in process
 - Initial 2 step TB skin test followed by annual testing *or* QuantiFERON Gold serum laboratory test followed by annual testing
 - Tetanus containing vaccination within the last 10 years
 - Tetanus/diphtheria/pertussis (Tdap) vaccination since 11th birthday
 - Flu vaccine (if rotations fall between October 1 – March 31) or wear mask
- Criminal Background Check *or* signed affidavit (contact Student Navigator for affidavit)
- Completed Security Badge Access form *
- Completed MIS code request form * (if needed, contact preceptor for info)

* - found at www.nmhs.net/student_orientation.php

In case of emergency, please notify:

Name: _____ Phone: _____

Relationship to Student: _____