

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 *
- Complete Student Orientation quiz found [HERE](#)
- 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 and signed affidavit (school can provide letter if you've had one done for your program within the last 2 years)
- Completed Security Badge Access form *

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

Please complete and sign this attestation regarding your COVID-19 vaccination status.

(___) I am fully vaccinated. (___) I have not been vaccinated

<i>If vaccinated:</i>	Date	Location
COVID-19 Vaccine #1		
COVID-19 Vaccine #2		
Latest Booster		

Signed: _____ Date: _____

Return to Student Experience Navigator via email (capolson@nmhs.net) along with items on checklist above