



Mandatory Requirements Form for Access to VMC

To be completed by the School

VALLEY MEDICAL CENTER LEGAL Name (First/Middle/Last): _____ DOB: _____

School e-mail address: _____

For Internships, Externships, and Preceptorships

School/Program: _____ Quarter/Year: _____

Study involves direct patient care at VMC? Yes No

Start Date: _____ End Date: _____ Req. Hours Onsite: _____

- By contract with Valley, you must meet the following health/safety requirements and are responsible for ensuring requirements have been met **prior** to coming onsite. Documentation must meet requirements at all times and be produced upon request.
- The student is responsible for ensuring any time taken off work for this educational experience is appropriately documented and follows all applicable laws, regulations, and policies of their employer.

Please submit this form to your VMC Student Placement point of contact.

Orientation instructions, directions, and e-learning modules will be emailed to the school and/or student once this form is completed.

School: Verify current Educational Affiliation Agreement (EAA) with VMC

FOR THOSE WHO ARE VMC STAFF:

_____ is VMC staff. No additional documentation is required for VMC staff. Do not proceed with the remainder of form. By signing below you are attesting that appropriate scheduling has been arranged for their time onsite in a non-employed capacity, and their manager has been appropriately notified.

FOR THOSE WHO ARE NON-VMC STAFF

Previous Student/Onsite Instructor, or VMC employee? Yes; if Yes, within the past 6 months? Date: _____

Background Check – School has valid and current (within 2 years) Washington State Patrol ([WATCH](#)) inquiry, or equivalent inquiry to a federal law enforcement agency. Please inquire if you have questions regarding equivalences.

Immunization Status

Although they may not be caring directly for patients, they may be in patient areas. Therefore, the school must obtain evidence of the following immunization records.

- Chicken pox (credible self-reported history of disease, lab testing, or 2 doses of Varivax)
- MMR 2 doses or serologic/lab immunity
- Hepatitis B (only if at risk for exposure to blood or body fluids)
- Quantiferon Blood test preferred. Will also accept 2-step skin test (TST) if performed within last 12 months or IGRA/T-spot results.
- TDAP (if in children or infant areas)
- Flu shot (within the current flu season)
- COVID (Vaccination is no longer a requirement, but proof of vaccination documentation is still a requirement)

Vaccinated? Yes No Date and brand of most recent dose(s): _____

Student/Onsite Instructor agrees to complete any required learning modules as instructed

Student/Onsite Instructor agrees to return their VMC badge to their VMC contact, VMC supervisor, or Security

ADDITIONAL REQUIREMENTS BASED ON POSITION (if applicable) *Consult with VMC contact if unsure of requirements

- License, Certification, Permit (RN, MA, BLS, Food Handlers etc.)
- Additional vaccines such as Hepatitis A, Meningitis, etc.
- Required Department Specific Education or Competency
- OR Protocol Training, Blood Borne Pathogen Training, etc.

The above items are on file, valid, and completed prior to arrival at Valley Medical Center. My signature below verifies each of the above checked items is complete and in accordance with Valley Medical Center's Policy.

Signature: _____

Date: _____