



# ATTESTATION OF STUDENT SCREENING

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned representative for \_\_\_\_\_ (School name and department) \_\_\_\_\_, hereby attest, warrant and agree that the following requirements for Variety Children's Hospital d/b/a Miami Children's Hospital ("MCH") have completed and cleared the following **(PLEASE CHECK)**:

- Criminal Background Check
- To include Pedophile and sex-offender, OIG/SDN checks
- Level II Finger Printing Background (applicable to Mental and Behavioral Health observers)
- Current Health Form
- Cleared Drug Test (We are a Drug Free Workplace)
- Current CPR Card
- Current Immunization Record that includes:
  - PPD less than 12 months
  - 2 doses of Varicella Vaccine or Titers
  - 2 doses of MMR or Titers
- Primary source verification of Licensure in accordance with Joint Commission Standards (applicable to licensed students)
- Copy of CPR (applicable to licensed observers)
- Flu Vaccine (Only if the rotation/internship/practicum occurs between December 1st through April 1st)**

In addition, I attest that any and all negative information regarding this student has been communicated, in writing, directly to MCH's Staff and Community Education Department.

The undersigned has executed and delivered this Attestation of Student Screening, understanding and fully intending that MCH will each rely upon it in connection with the Affiliation Agreement. The undersigned individual has executed and delivered this Attestation of Student Screening in a representative capacity and represents and warrants that he or she is duly authorized to do so for and on behalf of such school. The undersigned individual will provide any student record supporting this attestation upon request.

Agreed to by the undersigned this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

School Representative contact information:

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_