



Extended Job Shadow Department Checklist

Must be completed by COLLEAGUE / DEPARTMENT hosting student

Student name _____ Dates here _____

Colleague orienting student: _____

PRIOR TO STUDENT COMING. All items must be checked off before student can start.

VOLUNTEER DEPARTMENT (574) 364-2633

_____ COVID-19 Hold Harmless

_____ VACCINATIONS (must check one of the following boxes)

- School maintains records of all updated vaccinations including: MMR (2), DTap (10 yrs), Varicella (2). Copies are available and may be requested.
- School does NOT have updated records of vaccinations, therefore, copies of current MMR, DTap and Varicella are provided, or Vaccine Declination form is signed and returned to Volunteer Dept.

_____ COVID-19 VACCINATION DOCUMENTATION Final vaccination date must be no less than seven days after the last required dose (Pfizer-BioNTech (2), Moderna (2), Johnson & Johnson (1)).

_____ HEPATITIS B VACCINATIONS (3-step) are not required but are encouraged for students in clinical areas. Provide documentation if student has had all three doses of Hep B. These are not offered through Colleague Health.

_____ HISTORY AND PHYSICAL is encouraged, but not a requirement (unless in contract) for a student. Please review contract.

_____ CRIMINAL BACKGROUND CHECK (must check one of the following boxes)

- Provides a copy from a school-ran background check. OR –
- Student completes the form in packet and returns to the Volunteer Office to run the check.

_____ CONFIDENTIALITY, ETHICS, SAFETY, LIABILITY Volunteer office provides a “self-study” orientation guide, as well as required paperwork that must be completed and turned in (kept in Vol. Office for one year).

- College Student Info Sheet
- Confidentiality and Ethics
- Waiver and Release of Liability
- Background Check (if not provided by school)
- Safety Test
- Completed College Student Dept. Checklist (this form)

REHAB SPECIFIC REQUIREMENTS:

- ___ IS Request
- ___ CPR Card copy
- ___ Bl. Borne Path/Univ Prec. Educ.
- ___ Health Ins. Card
- ___ Student Liability Release signed
- ___ CI, CPI Training (PT/PTA)
- ___ Block CI sched. 1st student day PT
- ___ CI Checklist (OT/OTA/PT/PTA)

COLLEAGUE HEALTH (574) 364-2735

_____ TB TEST Documentation of a TB Test in the last 12 months is required. Test must be checked 48 to 72 after given. \$15 charge for TB Test at Colleague Health – by appointment only (574) 364-2735. Paperwork to Volunteer Dept. (A prior positive test result will require a chest x-ray no older than one month prior to internship.)

_____ FLU SHOT Documentation of a flu shot is required for any student here between Oct. 1 – March 31. \$20 to receive flu shot at Colleague Health – by appointment only (574) 364-2735. Paperwork to Volunteer Dept.

_____ N95 MASK KIT NEEDED Complete *Student Fit Testing* form only if needed.

HUMAN RESOURCES (574) 364-2626

_____ BADGE/PARKING All students will now have a Goshen Health ID Badge. Complete the *Badge Request/Parking* form in the packet and return to HR. Collect badge when students experience is complete and return to HR. Encourage students to use badged entry into the facility. Students will follow the parking policy.