Washington State Student Clinical Passport Requirements

Student Name:

Program:

These requirements are in place for the health and safety of Washington State health care students and their patients.

By contract with your academic institution, all students participating in patient care in this healthcare institution must meet the following health and safety requirements. Records will be kept at the academic institution and random review by the healthcare institutions will occur on a regular basis. *All documentation must meet requirements at all times during clinical course.*

SUBMITTED ONCE

TB Skin Test

- 2-step TST if no test in prior 12 months, otherwise 1 step TST **OR**
- QuantiFERON (QFT) Serum Test **OR**
- If New +TB Test results → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment,) may need to complete health questionnaire **OR**
- If History of +TB results → provide proof of chest X-ray and submit negative symptom check from health care provider in past 12 months **OR**
- If no proof of +TB Test available, then chest X-ray **OR**
- If History of BCG vaccination → 2-Step TB Test or QFT **OR**
- If history of +TB Test and +chest X-ray and symptoms: must see healthcare provider for treatment before school entry

Hepatitis B

- Proof of immunity by vaccination and titer **OR IF**
- Negative titer → must repeat vaccine series. Student will be allowed in clinical during repeat series and considered a non-responder to vaccination after 2 complete vaccine series and negative titer.
- Signed waiver for students who decline vaccination

MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses) **OR**
- Proof of immunity by titer

Varicella (Chicken Pox)

- Proof of vaccination (2 doses) **OR**
- Proof of immunity by titer.

Tetanus, Diphtheria, Pertussis

- Tdap required one time prior to admission.

CPR

- Health provider level (adult, infant, child, AED)

HIPAA & privacy training

- Student Training Module

Fire safety training

- Student Training Module

Bloodborne pathogens training

- Student Training Module

SUBMITTED EVERY YEAR

TB Skin Test

- New one-step TST **OR**
- New QuantiFERON Serum Test **OR**
- If New + TB Test results→ F/U with healthcare provider, chest X-ray, & symptom check **OR**
- Known +TB skin results and prior negative chest X-ray results: submit annual symptom check from healthcare provider

Background Checks

(Upon admission and every year)

- Washington State Patrol RCW 43.43.834 & 43.43.838
- National Criminal Background Check covering WA State.

Influenza

- Proof of annual vaccination(s) **OR**
- Signed waiver for students who decline vaccination

License (RNs & LPNs)

- Current
- Unencumbered
- Washington State

Insurance

- Professional Liability $1,000,000/3,000,000 policy

Hospital Specific Requirements

- Vehicle Insurance (For access to VA & Military Facilities)
- Personal Health Insurance
- Drug Screen
- Hepatitis A Vaccine
- CMV Titer
- Meningococcal Meningitis Vaccine
- Current First Aid Card
- Proof of U.S. Citizenship

Washington State Student Clinical Passport Requirements

Student Name: _____
College: _____
Program: _____
Point of Contact 1: _____ Phone: _____
Point of Contact 2: _____ Phone: _____
Form verified by: _____
Name _____ Date _____
Name _____ Date _____
Name _____ Date _____

By contract with your academic institution, all students participating in patient care in this healthcare institution must meet the following health and safety requirements. Records will be kept at the academic institution and random review by the healthcare institutions will occur on a regular basis. *All documentation must meet requirements at all times during clinical course.*

SUBMITTED ONCE

☐ **TB Skin Test**
A. Two step TST **mm** _____ Date_____
mm _____ Date_____
OR
B. QuantiFERON (QFT) Date _____
Result _____
OR
C. If New Positive/Exam/X-ray Date _____
OR
D. Positive TB/Negative X-ray Date _____

☐ **Hepatitis B**
A. Vaccination Dates
1) _____
2) _____
3) _____
4) Immunity confirmed by titer Date _____
OR
B. Immunity by titer Date_____ **OR**
C. Signed waiver Date_____

☐ **MMR** (Measles, Mumps, Rubella)
A. Vaccination Dates
1) _____ 2) _____ **OR**
B. Immunity by titers Date_____

☐ **Varicella** (Chicken Pox)
A. Vaccination Dates
1) _____ 2)_____ **OR**
B. Immunity by titer Date_____

☐ **Tetanus**
A. Tdap _____ required once prior to admission

☐ **CPR Health Care Provider** **(American Heart Association Only)**
Expiration Date _____

☐ **Fire Safety Module Completed**
Date_____

☐ **Bloodborne Pathogens Module Completed**
Date_____

☐ **HIPAA Privacy Training Completed**
Date_____

SUBMITTED EVERY YEAR

Circle the applicable letter in each box.

☐ **TB Skin Test**
A. Annual TB Skin Test
Dates _____,_____,_____
OR
B. Annual QuantiFERON
Dates_____,_____,_____
OR
C. If New Positive/Exam/Chest X-ray
Dates_____ TST_____ Exam_____ X-ray___
OR
D. Known Positive/Possible Treatment
Date_____

☐ **Background Check**
A. National Criminal Background Check
Dates_____,_____,_____ **OR**
B. Washington State Patrol Check
Dates_____,_____,_____

☐ **Influenza**
A. Proof of annual vaccination
Date 1._____
2._____
3._____ **OR**
B. Signed waiver Date_____

☐ **License** (RNs + LPNs only)
A. WA State Date_____
OR
B. Not Applicable

☐ **Insurance**
A. Professional Liability Policy
Date_____

Hospital Specific Requirements:
A. Vehicle Insurance Date_____
B. Hepatitis A Vaccine Two doses
Dates:
1) _____
2) _____
C. Drug Screen Date_____
D. CMV Titer Date_____
E. Meningococcal Meningitis Vaccine
Date_____
F. Current First Aid Card Date_____
G. Personal Health Insurance Date_____
H. Proof of U.S. Citizenship