

# UNIVERSITY OF IOWA HEALTH CARE STUDENT CHECKLIST FORM

Student Name (Printed): \_\_\_\_\_  
School: \_\_\_\_\_

Dates of Program Semester: \_\_\_\_\_  
Academic Discipline: \_\_\_\_\_

## All Internship or Clinical Rotation Students Begin Here

### 1. Sponsoring School Requirements

Required	Date Completed
Criminal Background Check	
Health Screening: Initial (required by your school)	
Mandatory Response for Influenza Vaccination	
Measles (Rubeola) Immunity Screening	
Mumps Immunity Screening	
German Measles (Rubella) Immunity Screening	
Varicella Immunity Screening	
TB Screening	
N95 Respirator Fitting (if required for clinical placement)	
<b>Recommended</b>	
Tetanus, Diphtheria and Pertussis (Tdap)	
Hepatitis B	
_____ <b>Verified by Sponsoring School or Student   Sign and Date</b>	

### 2. Student Requirements via [Student Website](#)

1. Online learning module completion through CQ system ( <i>upload</i> )	
2. Proof of Health Insurance form ( <i>upload</i> )	
3. Mandatory Reporter for Child and Dependent Adult Abuse Certificate ( <i>upload</i> )	
4. Student Checklist Form ( <i>upload this form with section 2 completed and signed   Kirkwood will complete entire form before upload</i> )	
_____ <b>Verified by UI Health Care Secretary   Sign and Date</b>	

### 3. Online Hands-On Training – Follow instructions from your school.

**NOT** required for graduate programs, surgical technician programs, and observation placement. ARNP placements will need Epic training only.

	Date Completed
Epic Training	
Point of Care   Blood Glucose Hands-On (if requested by school)	
_____ <b>Verified by Kirkwood or UI Health Care Secretary   Sign and Date</b>	

## Sign below after all applicable sections above are complete

	_____ <b>Student Sign and Date</b>	_____ <b>Student Initial</b>
_____ <b>Associate Chief Nursing Officer / Designate</b>		_____ <b>Sign and Date</b>

Written: 9/99

Revised: 1/00; 3/01; 9/03; 10/07; 2/09; 4/11; 11/14; 1/16; 1/19; 11/19, 1/20, 4/20, 8/20, 5/21, 12/21, 1/22, 3/22, 6/23, 12/23, 7/24, 12/24

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