

# UNIVERSITY OF IOWA HOSPITALS AND CLINICS: STUDENT CHECKLIST FORM

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

Dates of Program Semester: \_\_\_\_\_

School: \_\_\_\_\_

Academic Discipline: \_\_\_\_\_

**1. Sponsoring School Requirements – *only include dates below, do not attach the full health record***

|  | Date Completed |
|--|----------------|
| Criminal Background Check                                      |                |
| Health Screening: TB Screening                                 |                |
| Health Screening: Mandatory Response for Influenza Vaccination |                |
| Health Screening: Initial (required by your school)            |                |
| Health Screening: German Measles (Rubella) Immunity Screening  |                |
| Health Screening: Mandatory Response for Varicella Vaccination |                |
| Health Screening: Measles (Rubeola) Immunity Screening         |                |
| Health Screening: Mumps Immunity Screening                     |                |

\_\_\_\_\_  
Verified by Sponsoring School | Sign and Date

**2. Student Requirements for Document Upload – [Student Website](#)**

|  |  |
|--|--|
| 1. Proof of Health Insurance form ( <i>upload a copy of front and back of card</i> )   |  |
| 2. Student Checklist Form ( <i>this form - with the top and/or section 3 filled in and signed by school</i> )                              |  |
| 3. Online learning module completion dates ( <i>see website for detailed instructions</i> )  |  |
| 4. Current Mandatory Reporter for Child and Dependent Adult Abuse Certificate   Date Completed Adult: _____<br>Date Completed Child: _____ |  |
| 5. Student COVID-19 Safety Attestation ( <i>complete via online survey</i> )   |  |

\_\_\_\_\_  
Verified by UIHC Secretary | Sign and Date

**3. Hands-On Training – *Kirkwood students complete at school, all other students complete at UIHC***

|  | Date Completed |
|--|----------------|
| Epic Training                          |                |
| Alaris Pump Training                   |                |
| Point of Care   Blood Glucose Hands-On |                |

\_\_\_\_\_  
Verified by Kirkwood or UIHC Secretary | Sign and Date

**4. Forms – *by appointment with Becky Hurt***

|  | Date Completed |
|--|----------------|
| University of Iowa Hospitals and Clinics ID Badge Form |                |
| Review of UIHC Professional Appearance Policy          |                |
| Travel Declaration Form                                |                |
| HIPAA Form   |                |
| UIHC HIPAA & Confidentiality Agreement                 |                |

\_\_\_\_\_  
**Student Signature and Date**  
*Sign once all sections are complete*

\_\_\_\_\_  
**Director-Nursing Education**  
**Signature and Date**

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

Reviewed: 7/01; 7/13; 12/17, 11/19, 1/20, 4/20, 8/20