

# Student Check-Off Form

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

College \_\_\_\_\_

Moses Cone Health System Start Date \_\_\_\_\_

Requirement	Accomplished		
	Yes	No	NA
1. Current CPR Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TB Skin Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hepatitis B Series (OSHA Class II or I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MMR History or Serology Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Chicken Pox History or Serology Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tetanus/Diphtheria (10 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flu Vaccine (Seasonal prior to clinical, H1N1 when available OR a Physician's note indicating why exempt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Photo ID Badge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send this form along with all documentation supporting above requirements to:

**Jennifer Martin, PT, CCCE (PT/PTA and TR Programs)**    **OR**    **Christina Shaffer, OTR/L, CCCE (OT/OTA and SLP Programs)**

at:

**Rehabilitation Services  
Moses Cone Health System  
1200 N. Elm Street  
Greensboro, NC 27401**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 9. * <b>Drug Screen</b> (12 panel)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. * <b>Criminal Background Check</b> (CBC)<br>(CBC includes OIG List Verification normally done with vendor performing CBC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* **Drug Screen** findings and **CBC** findings **MUST** be cleared by MCHS. Please send these documents to:

**Karen Moorefield, HR Program Specialist**  
**618 South Main Street**  
**Reidsville, NC 27320**  
**Office (336) 951-4678    Pager (336) 349-0535**  
**Email: [Karen.Moorefield@mosescone.com](mailto:Karen.Moorefield@mosescone.com)**