



Student/Faculty Clinical Passport Instructions

The Clinical Passport is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#)

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

TUBERCULIN STATUS

- Initial 2-step TST is required **AND** confirmation of initial 2-step completion.
- If first TST is positive or new positive with no history of disease then an IGRA is recommended to confirm.
- If no records of previous positive TB tests or more than 12 months since last TST then 2-step TST **OR**
- Negative TB IGRA test within 12 months **OR**
- If negative TST within 12 months: 1-step TST
- If newly positive TST or TB IGRA: F/U healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire
- If history of positive TST: provide results of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check
- If history of BCG vaccine: TB IGRA preferred. If negative : OK, If positive: follow-up as above.

HEPATITIS B

- Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion. If negative titer, then repeat series (consisting of doses #4—#6) and repeat titer 6-8 weeks after #6 dose. OR obtain challenge dose #4 and re-titer after 6-8 weeks **OR**
- Series of 2 vaccines (HepB and HepB S) completed at appropriate time intervals (at least 4 weeks apart) and post vaccination titer at 1-2 months after the final dose. **OR**
- Provide results of positive titer (anti-HBs or HepB S) **OR**
- Signed declination for students/faculty who decline
- Specific healthcare institutions may require vaccination without exception (i.e., no declination)

MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses at appropriate intervals) **OR**
- Proof of Measles immunity by titer **and**
- Proof of Mumps immunity by titer **and**
- Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- Tdap required once after 2006
- Td required every 10 years after Tdap

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

MILITARY IMMUNIZATION

- If immunization occurred during Military service

ADDITIONAL REQUIREMENTS (if applicable)

Some healthcare settings may have additional requirements, such as the following:

- Vehicle Insurance (for access to VA & Military Facilities)
- Personal Health Insurance
- Drug Screen
- Hepatitis A Vaccine
- Current First Aid Card
- Proof of U.S. Citizenship
- Color Vision Test
- Food Handlers License

Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.

SUBMITTED YEARLY

TUBERCULIN STATUS

- Annual TST **OR**
- Annual TB IGRA test
- If newly positive TST/IGRA results: F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.
- Previously documented positive TST results and prior negative chest X-ray results. Complete Annual Symptom Check Form. If any "yes" responses: F/U with healthcare provider.

INFLUENZA

- Proof of seasonal vaccination(s) **OR**
- Signed declination for student/faculty who decline vaccination
Specific healthcare institutions may require vaccination without exception (i.e., no declination)

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 - OIG <http://exclusions.oig.hhs.gov/> (conducted bi-monthly by CPNW)
 - GSA <http://www.sam.gov> (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH annually thereafter)
- Criminal History Disclosure (annual) and kept on file by education institution (If your school does not provide a disclosure form you can find one by [clicking here](#))
- WATCH conducted and Criminal History Disclosure completed at same time.

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current
- Unencumbered

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

CPR

- You are required to have an:
 - AHA BLS Provider Approved Course card/e-card
 - AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
- A course following AHA Guidelines only is not acceptable

REQUIRED EDUCATION

- Each healthcare organization will communicate to faculty and students any required educational content to be completed prior to participation in the clinical experience.
- The Clinical Passport is intended to follow a student through their academic program and therefore updated when any field expires and/or from year to year. There is no need to introduce or start a new Passport each academic year.

Declination Forms are provided by the healthcare organization.