

**STUDENT & INSTRUCTOR  
INITIAL ATTESTATION FORM**Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Academic Affiliate Agreement Name: \_\_\_\_\_

Indicate Program: \_\_\_\_\_

Printed Name of Academic Representative  
OR Sponsoring AH Department Representative Name: \_\_\_\_\_

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**This Initial Attestation is required for all students and instructors. Attestation of the following requirements shall be provided prior to the first assignment. Evidence of completion shall be immediately available by Academic Affiliate or Sponsoring AH Department, upon request.**

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**STUDENTS & INSTRUCTORS:**Criminal Background Check Report - Associated with enrollment in current academic program  
with no more than 4 months break in active enrollment, or hire date with school **Date Completed** \_\_\_\_\_  
MM/DD/YYYY\*Contingent Health Care Worker Orientation Manual **Date Completed** \_\_\_\_\_  
MM/DD/YYYYProof of Negative 10-panel Drug Test - Associated with enrollment in current academic program  
with no more than 4 months break in active enrollment, or hire date with school **Date Completed** \_\_\_\_\_  
MM/DD/YYYY"Student & Instructor Rotation Understanding" (Pages 3 & 4) **Date Completed** \_\_\_\_\_  
MM/DD/YYYYFlu Vaccine (**Check if Outside of Flu Season:** \_\_\_\_\_) **Date Declined:** \_\_\_\_\_ **or Date Completed** \_\_\_\_\_  
(Flu Season is October-March: Signed waiver if declined) MM/DD/YYYY MM/DD/YYYYCOVID-19 Vaccine **Date Declined:** \_\_\_\_\_ **or Date Completed** \_\_\_\_\_  
(Signed waiver if declined) MM/DD/YYYY MM/DD/YYYYComplete Hand Hygiene Attestation Form (Pages 3 & 4) **Date Completed** \_\_\_\_\_  
MM/DD/YYYYCurrently Holds a Professional License? **Yes:** \_\_\_\_ **No:** \_\_\_\_ **Expiration Date** \_\_\_\_\_  
MM/DD/YYYYPrimary Source Verification of Registration / Certification  
(**BLS/CPR is REQUIRED in all clinical care areas**) **Expiration Date** \_\_\_\_\_  
MM/DD/YYYY

**STUDENT & INSTRUCTOR  
 INITIAL ATTESTATION FORM**

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

Proof of MMR Vaccination **Check if on file** \_\_\_\_\_

Proof of Varicella (chicken pox) vaccination or immunity by titer or history **Check if on file** \_\_\_\_\_

Hepatitis B (*Signed waiver if declined*) **Check if on file** \_\_\_\_\_

TB Requirement - Associated with enrollment in the current academic program  
 with no more than 4 months break in active enrollment, or hire date with school **Date Completed** \_\_\_\_\_  
 MM/DD/YYYY

Tetanus, Diphtheria, Pertussis (Tdap) **Date Declined:** \_\_\_\_\_ **or** **Date Completed** \_\_\_\_\_  
 (*Signed waiver if declined*) MM/DD/YYYY  MM/DD/YYYY

Annual Respirator Mask Fit Testing (within the last 12 months) **Date Completed** \_\_\_\_\_  
 MM/DD/YYYY

**INSTRUCTORS ONLY:**

Resume / Application / Interview Notes **Check if on file** \_\_\_\_\_

Skills Checklist/Competency tests **Check if on file** \_\_\_\_\_

I-9 / Work / VISA permit **Check if on file** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Academic Affiliate Representative  
 OR Sponsoring AH Department Representative \_\_\_\_\_  
**Date**  
 MM/DD/YYYY

\*Forms provided by Adventhealth

**STUDENT & INSTRUCTOR ROTATION UNDERSTANDING**

By signing below, I understand that if I am currently an employee of AdventHealth, or become an employee in the future, if I'm assigned to do a student rotation in the department where I work I will:

1. Only perform employee duties when clocked in as an employee
2. Only perform student duties when on my educational rotation

\_\_\_\_\_  
 Student/Instructor Print name

\_\_\_\_\_  
 OPID

\_\_\_\_\_  
 Student/Instructor Signature

\_\_\_\_\_  
 Date

**Hand Hygiene Education Requirement Attestation**

To be completed by all healthcare workers who can potentially touch patients, items that will be used by patients, or the patient's environment on Initial Orientation and Annually.

I \_\_\_\_\_ confirm that I have read the "Hand Hygiene for Healthcare Workers" presentation or the Hand Hygiene section of the Contingent Work Force Manual and:

- Understand how hand hygiene helps prevent infections
- Know when to do hand hygiene
- Know how to do hand hygiene using alcohol-based sanitizer and soap and water
- Know when to use gloves
- Know the minimum time that should be spent doing hand hygiene
- Understand how hand hygiene compliance will be monitored

\_\_\_\_\_  
 Student/Instructor Signature

\_\_\_\_\_  
 Date

To be completed by the preceptor, instructor or other facility designee for all healthcare workers who can potentially touch patients, items that will be used by patients, or the patient's environment as part of Initial Hand Hygiene Education.

I \_\_\_\_\_ confirm that \_\_\_\_\_ has correctly demonstrated proper hand hygiene with soap and water and with alcohol-based hand sanitizer.

\_\_\_\_\_  
 Validator Signature & Title

\_\_\_\_\_  
 Date

## Hand Hygiene Competency Validation

Student/Instructor Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

MM/DD/YYYY

HAND HYGIENE WITH SOAP & WATER	COMPETENT	
	YES	NO
1. Pushed long uniform sleeves above the wrists. Avoided wearing a watch or rings or removed during hand hygiene.		
2. Check that sink areas are supplied with soap and paper towels.		
3. Turn on faucet and regulates water temperature.		
4. Wets hands and applies the recommended amount of soap according to manufacturer's instructions for use over. Keeps hands and uniform away from sink surface. If hands touch sink during hand washing, repeat hand washing.		
5. Vigorously rubs hands for at least 15 seconds or for the length of time stated by the manufacturer's IFU for the product use, including palms, back of hands, between fingers and thumbs, and wrists.		
6. Rinses thoroughly keeping fingertips pointed down.		
7. Dries hands and wrists thoroughly with paper towels or a warm air dryer.		
8. Uses a dry, clean paper towel to turn off faucet to prevent contamination to clean hands and discards paper towel in the wastebasket.		
9. Applies only organization-approved lotion or barrier cream to hands.		
HAND HYGIENE WITH ALCOHOL-BASED HAND RUB (ABHR) (60% - 95% alcohol content)	COMPETENT	
	YES	NO
10. Applies the recommended amount of product per the manufacturer's instructions for use into the palm of one hand.		
11. Rubs hands including palms, back of hands, between fingers and thumbs, until all surfaces dry. Allows the hands to dry completely before donning gloves.		
12. Verbalized scenarios when an alcohol waterless antiseptic rub for hand hygiene should not be used: a. When hands are visibly soiled b. when Clostridioides difficile or Norovirus is suspected or confirmed.		
GENERAL OBSERVATIONS	COMPETENT	
	YES	NO
13. Direct care providers—no artificial nails, gel nail, or enhancements.		
14. Nails are clean, well-groomed and less than ¼ inch long (CDC Recommendation) for members working in direct patient care areas.		
Comments/Notes:		

Validator Signature & Title \_\_\_\_\_

Date \_\_\_\_\_