DAYTON CHILDREN'S STUDENT HEALTH AND LIABILITY FORM

This form must be completed for each student and submitted it to Susan Powell, Director of Nursing Excellence prior to beginning their educational experience at Dayton Children's Hospital (Dayton Children's).

Student Name (Print):	License #(if applicable)
Affiliate/School Name:	
Term of Education Experience:	to
Instructor:	
<u>Health Requirements</u>	
The student has had a physical examination within twelve experience that revealed that they are in good health. List	C C
PPD (or Chest x-ray if history of +PPD)	Date of test
Within past 12 months	Results
Rubella and Rubeola Titer (Documenting Immunity)	Date of test
OR 2 MMR Vaccinations	Results
Hepatitis B Immunization	Date of test
	Proof of waiver
Varicella (chicken pox)	Positive history
	Date of Vaccination
Flu Vaccination (seasonal)	Date of Vaccination
Verification of the above test dates and results are on file a	at (school, doctor's office, place of employment):
Other Requirements	
CPR Certification Provider and Expiration Date:	
Criminal Background Check Results:	
If any findings on background check, please provi	ide a copy of the check.
Fire, Safety and Infection Control Quiz Score:	
Information Completed By (Print):	Date:
Information Completed By (Signature):	