

Doctors Medical Center & Doctors Behavioral Health Center Clearance for Student Rotations 2022 - 2023

Instructions: Students Complete down to double line.

Date: _____

Student Name: _____

Print Please

Signature **Initials** Telephone: (____) _____

Email Address _____

School: **Modesto Junior College** **435 College Avenue** **Modesto** **Calif. 95350**
Name Address City State Zip

Field of Study: Nursing

Contact Person at School: **Program Specialist** Telephone: **(209) 575-6263**

Dates of rotation at Doctors Medical Center:

From: August 2022 Through expected date of Graduation: April 2024

School and/or student responsibilities per contract, includes but not limited to:
Background check and drug screen passed, current CPR card if patient care provider,
TB clearance, free from communicable disease

Send to Nursing Administration / Attention: Jennifer Wright at 576-3789, fax 576-3910.

Item:	YES	NO	Initial/Date
School Contract reviewed			
Director Approval			
Drug screen clearance passed			
Criminal Background check passed. Hard copy sent to DMC			
2 step TB test completed within last 12 months (verified through school) and student is TB tested annually. Provide dates.			
Current Tdap immunization. Provide date.			
Current Flu immunization. Provide date.			
Immunization or immunity of Varicella and Hep B recommended			
HIPAA video			
Statement of Responsibility (Exhibit A) signed.			
Statement of Confidentiality (Exhibit B) signed.			

A Student ID must be worn at all times during student rotations at DMC.
DMC Human Resources will issue a "Student Identification Badge" if a student does not have a school ID.

EXHIBIT A

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of **Doctors Medical Center** (“Hospital”), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by **Modesto Junior College** (“School”) at Hospital unless such injury or loss arises solely out of Hospital’s gross negligence or willful misconduct.

Dated this ____ day of _____, 20__.

(Student Signature) Program Participant

Program Specialist – Modesto Junior College

EXHIBIT B

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between **Modesto Junior College** (“School”) and **Doctors Medical Center** (“Hospital”), to keep confidential any information regarding Hospital patients and proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned further acknowledges that he or she has viewed a videotape regarding Hospital’s patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital’s and School’s privacy policies and procedures and privacy practices.

Dated this ____ day of _____, 20__.

(Student Signature) Program Participant

Program Specialist – Modesto Junior College