

STUDENT ATTESTATION

Student Name (Last, First, MI): Date of Birth: Student Contact Number:

College/School/University Name: Program:

Address: City: Zip code:

Program Point of Contact: Phone Number: Email:

Kaiser Foundation Health Plan of Washington (KPWA) requires student and Program/School check and sign below confirming the completion of the following mandatory requirements for students to participate in clinical rotations. All students complete 1-4 below. MD, PA, ARNP, RN, LPN, MA, NA-C, Radiology etc. students complete 1-5 below. Laboratory students complete 1-6 below.

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- 1. Tuberculosis (TB) Screening within 12 months prior to commencement of clinical rotation**
- Documentation of a negative TB test
 1. Interferon Gamma Release Assay (e.g., QuantiFERON TB Gold or T-Spot)
 2. Mantoux Two-Step Tuberculin Skin Test (TST)-unless previous positive
 - History of a positive TB test, should provide related testing, x-rays and/or treatment documentation
 1. Positive TB test -skin or blood reading or result
 2. Chest X-ray report related to positive TB screening
 - Dated anytime since positive TB test
 3. Treatment documentation, if treated.
 4. Negative symptoms screening
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- 2. Influenza vaccination** - mandatory for students in clinical rotation at any KPWA locations from October 1st thru April 30th
- Documentation for current season
- 3. COVID-19 vaccination** - mandatory for students in clinical rotation at any KPWA locations
- Documentation of full vaccination prior to program start date
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- 4. Documentation of Immunity provided to Student's Learning Institution (all students):**
- Positive Measles, Mumps, Rubella titers (lab reports) **or** MMR vaccinations (2 dose series)
 - Varicella vaccinations (2 dose series) **or** positive Varicella titer
 - Tdap vaccination (1 dose)

ADDITIONAL IMMUNITY REQUIREMENTS BASED ON PROFESSIONAL ROLE:

- 5. MD, PA, ARNP, RN, LPN, MA, NA-C, Radiology etc.**
- Hepatitis B vaccinations (2 dose HEPLISAV-B or 3 dose series completion dates) **and** positive Hepatitis B titer (with quantitative value)
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- 6. LABORATORY (Lab and Microbiology Lab students)**
- Hepatitis B vaccinations (2 dose HEPLISAV-B or 3 dose series completion dates) **and** positive Hepatitis B titer (with quantitative value)
 - Meningococcal Quadrivalent (A, C, Y, W-135) - (1) dose every five years (**Microbiology ONLY**)
 - Serogroup B Meningococcal (Bexsero **or** Trumenba)
 - Bexsero - (2) doses

- Trumenba - (3) doses
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Note: Students must complete a series of Hepatitis B vaccines AND have a positive (≥ 10 mIU/mL) serological quantitative Hepatitis B surface antibody titer (anti-HBs or HBsAb) that was performed at least 1-2 months after the last dose of Hepatitis B vaccine. A positive quantitative titer will not be accepted without documentation of the vaccine series completion or Hepatitis B vaccination declination.

I CERTIFY THAT I HAVE VALIDATED THE IMMUNITY REQUIREMENTS REFERENCED ABOVE FOR THE STUDENT INDICATED ON THIS DOCUMENT AND WILL PROVIDE KPWA IMMUNITY RECORDS UPON REQUEST.

Student Signature: _____ Date: _____

*Verified by: _____ Date: _____
Faculty/ Instructor Signature/ Title*