

Penrose-St. Francis Health Services



Student/Intern Attestation Form

Student Name: _____

Field of Study: _____
(PT, RN, PharmD, PA, Med Student, etc.)

Earliest Start Date: _____ Latest Completion Date: _____

Total Number of Hours Required: _____ Facility: PH SFMC Both

Department: _____

Name of PSF Person That Approved Internship: _____

We have on file at the school (check/fill-in applicable line):

MMR x 2 (dates): _____ & _____ Or Positive Titer (date): _____

Varicella: Positive History of Chicken Pox Positive titer (date): _____

Chicken Pox Vaccine (date): _____

Hep B x 3 (dates): _____ & _____ & _____ Or Declination:

TB within one year - Date read: _____

Criminal background check (including National Criminal Database search with
Nationwide Registered Sex Offender search and Healthcare Sanctions [OIG and GSA]
Report): Clear Not Clear

BLS card (if required): Expiration Date: _____

Influenza Vaccine (required October through March):

Date: _____ Medical Exemption: _____

Name of Person Emailing Letter: _____

Email Address: _____

Phone Number: _____

Name of School: _____