



# RSFH Experience Checklist

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

To ensure the safety of our patients, teammates, and the rotating individual, we require certification that the individual above has had a thorough background check, recent drug screen, and a complete immunization history. Please sign beside each item to confirm that you possess these records and that they are available at any time that Roper St. Francis Healthcare may need to request them.

REQUIREMENTS	SCHOOL OFFICIAL SIGNATURE
Criminal Background Check	
Office of the Inspector General (OIG) Excluded Parties Clearance - Documentation that the individual is not on the OIG excluded parties list: <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a>	
General Services Administration (GSA) Excluded Individual/Entities Clearance - Documentation that the individual is not on the GSA list of excluded individuals/entities: <a href="https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf">https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf</a>	
SC Medicaid Exclusion List Clearance - Documentation that the individual is not on the SC Medicaid Exclusion list: <a href="https://www.scdhhs.gov/site-page/excluded-providers-list">https://www.scdhhs.gov/site-page/excluded-providers-list</a> .	
Hepatitis B Vaccination or Documented Refusal	
Negative Tuberculin Skin Test (TST) <i>* 2-step TST if test is more than 12 months old</i> <i>* 1-step TST if test is within the last 12 months</i> <i>* QuantiFERON-TB Gold within last 12 months</i> <i>* If documented positive TST, there must be documented treatment for TST or TB disease with chest x-ray showing no evidence of active TB infection within the last 6 months</i>	
Documentation of Flu Shot (October-March) <i>If medical contraindication or religious objection, this must be documented on RSFH Teammate Health form and individual may be asked to wear a mask in the presence of patients during designated time period (typically January-March)</i>	
Documentation of Immunity History for Varicella, Rubella, & Rubeola	
Documentation of Negative Drug Screen (9 panel)	
COVID-19 Vaccination Attestation or exemption (Complete and return the exemption form if unvaccinated)	

(Please Print Below)

School Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

School Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_