MOU Atachment G

Revised 2/8/11

Memorial
University Medical Center

MEMORIAL UNIVERSITY MEDICAL CENTER
Verification of Student Information for 2010-2011

Instructions: Must be received two weeks prior to the start of student rotations.

This form verifies that all legal documents listed are on file with the school and can be accessed within 24 hours.

Return to: Student Affiliations Coordinator; student@memorialhealth.com Phone: 912-350-0143

School & Program:

Memorial Department:

School Contact:

Email:

Phone:

Start and End Date	Last Name	First Name	Middle Name	Immuni-zations**	ALE Agreement MOU Attachment C	Confidentiality Agreement MOU Attachment D	Training MOU Attachment E	Training Ethics MOU Attachment F	Is Student an Employee at Memorial?	Has Student conducted a rotation at Memorial within the past year?
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No
									Yes / No	Yes / No

**Negative PPD or Negative CXR; MMR or Rubella immunity by titre; Hep B or opt out, Tetanus, Varicella Vaccination or immunity if working in Pediatrics.

If student is opting out of the Hep B vaccine, a declination statement must be signed.