

Wright State University – School of Nursing
Agency Verification of Medical Compliance

Please have your employee health department/representative complete the information below.

RN-BSN Student: This student will be completing his/her capstone experience or clinical hours at our facility. This student is also an employee of ours and we do not require certain medical requirements for employment. Therefore, we agree to let the student waive the requirements highlighted or circled below, for their clinical hours/capstone experience.

Graduate Student: Term _____ (Note: can only be used if all hours are being performed at the student's current employer)

Student Name

Facility Name

Employer Signature (Please stamp or print legibly)

Employer Title

Contact number

Date

I give my employer permission to release my health information as listed below:

Student Signature

Date

Requirement	Date of administration	Boosters	Titer or blood test result	Renewal	Notes
Physical Exam					
Chickenpox Vaccinations (2) or titer					
MMR (2)					
Tdap and Td					
Hep B series or titer					
TB (Mantoux/ x-ray or blood test)					
Influenza (flu)					

By signing, I am confirming that this student meets the health requirements to perform clinical hours in this health care facility.

Agency Representative Signature

Date