

Guadalupe Regional Medical Center

Student Processing Form

This form must be completed and submitted at least **3 working days prior** to the onsite orientation the student has been scheduled and confirmed to attend. The Student Orientation is required to begin rotation/observation at Guadalupe Regional Medical Center. Please fax or email to Staff Development Department (830-401-7690 or plee@grmedcenter.com)

Please print neatly to prevent a delay in processing:

Student's Name: _____ DOB: _____

Last 4 digits of Social Security #: _____ (required for computer access)

Home Phone: _____ Mobile: _____

Emergency Contact Name: _____ Tel# _____

School Affiliation/Name: _____

School Department: _____

Instructor/Contact Person: _____ Tel # _____

Dates of Rotation at GRMC: _____ (required for ID badge)

Estimated total # of hours spent at GRMC: _____ **Dept. @ GRMC:** _____

Basic Privileges for clinical student: please **initial applicable privileges**

_____ Observe only or _____ Assist in patient care and clinical procedures

_____ Document in patient record (request for access will be submitted)

_____ Rotate in Operating Room (additional orientation will be scheduled)

_____ Other _____

I understand that I am responsible for the student's actions while under my supervision.

_____/_____ School Instructor/Professor Signature	_____/_____ Date	_____/_____ Physician /Clinician Signature	_____/_____ Date
---	----------------------------	--	----------------------------

Please **initial** the components below have been verified as completed by the school. If so, the components initialed will not have to be repeated at GRMC. (For \$10.00 each we can provide a criminal history check and TB test)

_____ Criminal History Check

_____ Current Immunizations: MMR x 2, DPT, Varicella or statement verifying contracted, Hep B series

_____ Mantoux/TB test must be within the last 12 months

_____ Influenza Vaccination prior to rotation during Oct 1 – Mar 31

_____ Learning objectives in writing (please send a copy if updated since last rotation)

_____ Malpractice insurance coverage (for clinical students only)

_____ GRMC's Online Student Orientation completed

_____ Picture/"selfie" sent to plee@grmedcenter.com for ID badge

Student files are not a permanent record for GRMC. A student has 90 days from start date to request a copy of TB, criminal record, etc. performed by GRMC

I have confirmed that the affiliation contract between Guadalupe Regional Medical Center and afore mentioned school is in place, ascertaining liability coverage and stated current learning objectives.

School Representative Signature

Date

Internal use: __ DD __ OR __ MTtask __ PYX task __ MOU/PA _____ Onsite date (Reviewed 12/5/16)