

# NCWHA Student Verification Form

**School Name:** \_\_\_\_\_  
**Program Title:** \_\_\_\_\_ **Semester:** \_\_\_\_\_ **Rotation Dates:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Hospital/Clinic:** \_\_\_\_\_ **Floor/Unit:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_ **Instructor's Phone#:** \_\_\_\_\_

Student Name	DOB	CPR expiration date	TB (Past 2 skin tests, Record date and result)		Mumps		Measles		Rubella		Varicella Zoster		Hepatitis B Screen			Adult Tdap	Flu Vac.	BID/CBC*
			Date	Neg/Pos	Dates	I/NI	Dates	I/NI	Dates	I/NI	Dates	I/N I	Date	R/NR	Dec. on file	Date	Date	Complete

The signature below indicates the above student(s) have met the required elements for participation in a clinical/rotation at a participating Wisconsin North Central Alliance facility and that the student(s) requirement results are indicated above. The result information has been verified and is on file at the school and student(s) is/are in compliance with the contract/addendum related to the Caregiver Law and regulations as stipulated in Wis. Stats. HFS12 and HFS 13, Wis. Admin. Code and associated DHFS rules and regulations.

*To sign, please click on SIGN (right corner) and PLACE SIGNATURE. This will prompt you to drag a box on the signature line.*

*A new window will pop up asking you how you want to sign this document. If you don't have an EXISTING DIGITAL ID, please CREATE ONE NOW.*

Contact Person Name: _____	Email address: _____
Address: _____	Phone number: _____
Signature: _____	

**Key/Instructions:**

**TB** = If 2-Step must be at least 7 days from when 1<sup>st</sup> one READ.  
**I/NI** = Indicate result of Immune (I) or Not Immune (NI)  
**MMR** = Evidence of immunity through two appropriately spaced vaccinations or titer  
**VZ** = Evidence of immunity through two appropriately spaced vaccinations or titer  
**Hep. B** = Antibody screen post immunization or signed declination on file, **R/NR** = Reactive/Non-reactive

**Adult T-dap** = Vaccination given ≥ then 11 years of age  
**Flu Vaccination** = Mandatroy from 10/01-03/01, or approved and signed declination  
**BID/CBC** = School attest Completed Background Information Disclosure on File. Completed Wisconsin Caregiver Background Check on file. If positive finding, must send results to appropriate facility reviewer.