

Nursing Student Placement Form

First Name _____ MI _____ Last name _____

Phone: _____ School Email: _____

Have you been placed as a student at Zuckerberg San Francisco General Hospital before or employed by the S.F. Department of Public Health? (Circle one) Yes No If yes, which Department: _____

Health Data Access Student please read and initial after each of the statements below:

- I understand and agree that it is my legal and ethical responsibility to maintain the confidentiality of all patient medical records and the patient information they contain. Initial: _____
- I understand that that SFGH conducts routine random audits of who gains access to medical records and that the State of California assesses heavy fines for institutions and individual health workers viewing any patient medical record without a direct need to know. Initial: _____
- I understand and agree that the records must not be removed from the Health Information Systems Department for any reason. Initial: _____
- I have received and reviewed the Health Insurance Portability and Accountability Act (HIPPA). Initial: _____

Oath of Confidentiality

As a condition of clinical placement, conducting research, a student internship or the observation of patient care at Zuckerberg San Francisco General Hospital and Trauma Center, I _____ agree not to divulge any information obtained in the course of such training or research to unauthorized persons, and not to public or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable.

I further agree not to divulge or public general patient information or statistics without prior authorization from my preceptor or hospital administration.

I further agree to hold in strict confidentiality all matters discussed in Medical Staff of hospital committee meetings to which I might be privy.

I recognize that the unauthorized release of confidential information may make me subject to civil action under provisions of the Welfare and Institutions Code.

Signature: _____

Date: _____

Orientation and Health Requirements Attestation

I attest that I have been orientated to the ZSFG hospital by completing the ZSFG Hospital Orientation Module online (Submit your completion certificate to the school and keep a copy for your records).
Note: Orientation module is required to be completed annually. I am in full compliance with the ZSFG health requirements and can produce a copy of my health records within 48 hours whenever requested.

Signature: _____ Date: _____

*For clinical faculty/instructors, health screening is required at the beginning of every clinical rotation. Faculty/Instructors are **required** to provide their school placement coordinator with their proof of immunizations, screenings and/or titers of the following listed health requirements **BEFORE** starting their placement at ZSFG. Random audits will be conducted.*

Student Declaration

I certify that the information provided on this form is true, accurate and complete. I agree to provide the immunization/screening records upon the hospital's request. I understand that any false information will cause my disqualification in any programs on the Zuckerberg San Francisco General Hospital (ZSFG) campus and affiliated clinics. If placed, I recognize that all confidential information obtained or observed at ZSFG is in confidential nature. I agree, that at all times, to ensure the confidentiality of all sensitive information I have contact with, comply with applicable laws and maintain patient privacy. I understand that failure to comply with any of the above requirements may result in cancellation of the placement.

Signature: _____ Date: _____

After completing the Litmos Online Module, Please also submit, each year:

- Hospital Orientation Certificate
- Privacy & Compliance Certificate

Infectious Disease Immunization Health Requirements	Also known as	Health Requirement Record keeping and other pertinent information
Measles	Rubeola	Document date of titer result or vaccination
Mumps		Document date of titer result or vaccination
Rubella	German Measles or 3-day measles	Document date of titer result or vaccination
Varicella	Chicken pox	Document date of titer result or vaccination
Influenza	Seasonal Flu	<ol style="list-style-type: none"> 1. Must receive vaccination annually. Document vaccination date. 2. Seasonal flu vaccination required annually from December through April. If the ZSFG infection control program extends or changes the season dates at ZSFG, the school will be notified
Tuberculosis	TB	
TB Option 1: To be completed by those who have not had any TB skin testing within the past 13 months.		<ol style="list-style-type: none"> 1. Student to have TB two-step skin test screening performed. Documentation of both dates with negative results. 2. Screening with TB skin test annually thereafter. Documentation of annual negative TB skin test. 3. TB skin test to be repeated if student has been exposed to TB since last results. <p>NOTE: QuantiFERON-TB Gold blood test result is only acceptable as a substitute for TB skin testing if QuantiFERON results are within the last 14 months</p>
TB Option 2: To be completed by those who have had negative TB skin test results annually	TB	<ol style="list-style-type: none"> 1. Record of the initial TB two-step results on file. 2. Student to have annual TB skin test screening. Documentation of annual negative TB skin test 3. TB skin test to be repeated if student has been exposed to TB since last results. <p>NOTE: QuantiFERON-TB Gold blood test result is only acceptable as a substitute for TB skin testing if QuantiFERON results are within the last 14 months</p>
TB Option 3: To be completed by those who have had positive TB skin test results with negative chest xray OR have been vaccinated for TB	TB	<ol style="list-style-type: none"> 1. Chest x-ray date to assess for active TB within the past 2 years and 2. Documentation of TB symptom review by health care provider annually, that there are no current signs and symptoms of TB including: drenching night sweats, persistent fever, unexplained fatigue, unexplained weight loss, unexplained loss of appetite, swollen glands, shortness of breath, persistent coughing, coughing up blood or hoarseness.
COVID-19		Document date of vaccinations Currently, pursuant to Health Officer Health Order No. 2023-02, personnel working in designated healthcare facilities and jails— must receive either <ol style="list-style-type: none"> 1. The initial series of vaccination plus at least any one booster dose or 2. A single dose of the current vaccine formulation. Masking is required in clinical areas and when working with patients.
Not Required but strongly encouraged:		
Hepatitis B	Hep B	Documentation of vaccination dates or titer results not required but strongly encouraged.

Emergency Contact

Please provide a contact person in case of an emergency while on the Zuckerberg San Francisco General Hospital campus or affiliated clinics.

Name: _____

Relationship: _____

Phone #1: _____

Phone #2: _____

