

FOR: UCI Medical Center (UCIMC)

**Important Note:** Carefully read and follow all steps listed below. Students are required to **print out** forms and then sign (in ink only) where indicated. **No typed-out signatures will be accepted.** Due to lengthy processing times, students must now **SCAN** all required pages into **one PDF document** (NO jpeg files and NO separate files please). *Helpful Hint:* If you have jpegs or image files, paste the images into a Word document and then click "save PDF." A variety of smartphone scanner apps are freely available to automatically convert images to PDFs (TinyScanner, Genius Scan, Fast Scanner, CamScanner, etc.)

Email your completed document packet (as 1 PDF), including this Check-Off sheet, to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu)

Finally, **KEEP ALL OF YOUR ORIGINAL PRINTED DOCUMENTS**, as many facilities will collect these from you the first week.

**Print this check-off sheet, sign, and date, and include with your PDF**

Read and review the following items:

- Nursing Student Clinical Rotation Orientation
- Monitoring Yourself for Infection Symptoms
- Keeping Your Family Safe If You Have COVID-19
- Concerns About COVID-19 Exposure

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If you are a current employee of UCI or have even been placed at UCI in a previous rotation, please check the box:

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Read, sign, and submit the following:

- Confidentiality Agreement** (2 pages)

Print out both pages then complete, sign, and date page 2 in ink (**do not type your signature**). Scan the hard copy into ONE PDF to submit electronically to the School of Nursing at [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu).

- Flu Vaccine Record**

This is required during the flu-season months only (**October through May**).

**FALL Semester Students:** We will access your Flu Vaccine record in October through Castle Branch.

**SPRING Semester Students:** Please include a copy of your Flu Vaccine record with your document packet.

(Continue to the next page for further instructions)

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**Print this check-off sheet, sign, and date, and include with your PDF**

**SCRUBEX Machine Access Request Form:** This form is completed by the School of Nursing. **This form is for Obstetrics (N406L Reproductive Health) and/or Labor & Delivery Students ONLY!**

Although the School will complete this form on behalf of the students and submit one form for the entire rotation, we need you to indicate the following information below, so we can ensure to request your attire (shirts/pants) properly. **(Please note: UCIMC has mentioned that this attire tends to run small. You may wish to request one size larger than you normally wear.)**

Last Name	First Name	Gender	Size (Small – 2XL)

I have reviewed all instructions and materials, as well as verified and completed all requirements listed above, that are specific by the facility I will be attending.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_