

For: UCI Medical Center

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, you can paste the images into a *Word* document and then just click on "Save as a PDF".

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

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

➤ **Read & 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

- The UC Irvine Epic Computer Training Information Form will be completed by the School of Nursing on your behalf.

If you are a current employee of UCIMC or have ever been placed at UCIMC in a previous rotation, please check the box.

➤ **EPIC Online Training**

- Instructions regarding EPIC training will be provided to you by your clinical instructor, once UCIMC has processed all student documents

*Most of these forms are completed by the School and/or your Instructor, **EXCEPT FOR THE FOLLOWING:***

➤ **Confidentiality Agreement (2 pgs)**

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)

Continued on page 2 ...

Continued from page 1:

- **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 please need you to indicate the following information below, so we ensure to request your attire (shirt/pants) properly. **(Please note: UCIMC has mentioned that this attire tends to run small. You may wish to request one size higher than you normally wear.)**

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

- **Flu Vaccine Requirement:**

The Flu Vaccine is required during the flu-season months only (October through May).

FALL semester students: We will access your Flu Vaccine record through Castle Branch in October.

SPRING semester students: Please include a copy of your Flu Vaccine record with your document packet.

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

Name (*print*): _____

Signature: _____ Date Submitted: _____