

# MEADOWLANDS HOSPITAL MEDICAL CENTER

## Student Personal Data & Attestation Form

### STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_ LAST 4 DIGITS OF SSN \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

EXTERNSHIP TYPE \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

### SCHOOL INFORMATION

ADDRESS \_\_\_\_\_

COORDINATOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

COORDINATOR EMAIL ADDRESS \_\_\_\_\_

I certify that the student named above has had the following completed:

**Medical Clearance**  
(titers, ppd's and drug screening, proof of flu shot during months of Oct -March)

**Criminal Background check**

**Hospital Orientation Test**  
(covering Infection Control, Confidentiality, Fire Safety and Emergency Preparedness, etc.)

**Confidentiality Statements/HIPPA Compliance**

\_\_\_\_\_  
School Coordinator Signature

\_\_\_\_\_  
Date

**Student should bring this form and all accompanying documentation to the Manager of the department where they are interning on first day of internship.**

**MHMC Manager should email this Attestation form to HR.  
Please keep all other documents on file in your department.**