Daviess Community Hospital
An Affiliate of Ascension St. Vincent

Approval Checklist for DCH Student Rotation

Please complete the information requested on this checklist and forward the information to the Education department at Daviess Community Hospital: Fax: 812-254-6238, mail to: Daviess Community Hospital, PO Box 760, Washington, IN 47501, or Email: mpotts@dchosp.org. **Completing this checklist does NOT mean you have been given approval for your student rotation, but it is required as part of the approval process. Final approval will occur through the Education department once all requirements are met.**

Student Name: _____

Name of School or University: _____

Course of Study: _____

Type of clinical experience needed? _____

Requested Dates of Rotation: _____

Total # of Hours needed? _____

What city / state do you live? _____

DCH Dept / Clinic / Staff Name Requested for Rotation? _____

DCH Dept / Clinic / Staff already contacted? Y / N Name? _____

Your Course Instructor's Contact Information (name, phone, email **REQUIRED**):
Name: _____ Phone: _____
Email: _____

About the student:

Your instructor may be able to verify the following information. Please have your instructor notify us if there are questions on specific DCH requirements for vaccinations.

Is there a current active contract already in place between your school and DCH? Y / N
Immunization requirements met? Y / N
• MMR x 2, Varicella x 2 required OR titers showing immunity for each
• TB skin test required: 2-step tests or 2 annual tests within one year of each other OR blood test (or recent CXR if positive reactor to TST with documentation)
• Annual flu vaccine required
• COVID-19 vaccination or proof of exemption required

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• Tdap within last 10 years highly recommended
• Hepatitis B series highly recommended
Initial background check and drug screen for clinical staff? Y / N
Current CPR certification for clinical staff? Y / N

DCH may request further information from you based on your course of study or requests. If you have any questions on the requirements, please contact the Education department.

Signature of Student: _____ Date: _____

Updated February 2025