**ADDENDUM A** (Page 1 of 3)

**2023-2024 Report of Student Minimum Work Requirement1**

Specific BRONSON affiliates will be referred to as: Bronson Methodist Hospital, Kalamazoo, Michigan as “BMH”; Bronson Commons, Mattawan, Michigan as “BC”; Bronson Lakeview Hospital, Paw Paw, Michigan as “BLH”; Bronson South Haven, South Haven, Michigan as “BSH”; Bronson Battle Creek Hospital, Battle Creek, Michigan as “BBC”; and any office practices by name

**Faculty or School Administration:**

* Complete all requested information
* Return to BRONSON **before** placement begins

|  |  |
| --- | --- |
| School/Course:      Term/Semester:      BRONSON Facility and Unit/Department/Practice where STUDENTS will be based:      Clinical Faculty:       Faculty contact email information for this semester:        | Placement Information:Start Date:       Year:       End Date:       Year:       Days of the week:       Start Time:       End Time:      Total number of clinical hours per student:       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Information** | **Current TB Negative Screen (within 365 days) or Treated** | **Nationwide****background check.****Including additional checks as outlined on page 2** | **Current immunizations or proof of immunity:****MMR (Measles, Mumps, Rubella)****Tdap (Tetanus, diphtheria, pertussis)****Varicella (chickenpox)****Seasonal Influenza for the current year****Hepatitis B (or declination)****COVID-19 primary vaccination****Other Immunizations as required by Health Dept or Bronson departments.****(Enter Dates Below)** | **Particulate respirator training or fit-testing (PAPR or N95) (Determined by job requirement where student is placed)** | **Negative****Drug Testing****(within 365 days)** | **Current BLS** **(Determined by job requirement where student is placed)** |
|  |  |  |  |  |  |  |
| First Name:      Last Name:      Email:       | Date of TB screen:       | Date Completed:       | MMR:      Tdap:       Varicella:       Influenza (seasonal):       Hep B:      COVID-19:      Other:       |      | Date of Screen:    |     |

1 See the information for Student Minimum Requirements on the following pages.

**Verification of this information is current, on file and available from SCHOOL records for each individual STUDENT listed.**

**Faculty Signature (Electronic signatures are accepted):       School Administration’s Main Contact Number:**

**Student Signature (Electronic signatures are accepted):**

**ADDENDUM A** (Page 2 of 3)

**Verification that requirements for STUDENTS at BRONSON have been met is reported using the table from Addendum A**. Addendum A is to be on file with the BRONSON contact that is facilitating your placement **BEFORE** STUDENTS begin learning activities. Course schedule with specific times STUDENTS will present should be posted and cleared with the BRONSON contact that is facilitating where the STUDENTS will be placed. If there is more than one clinical group for a semester, provide a separate list for each group. Use as many pages of this form as needed to provide each STUDENT’s information. These requirements may be modified based on patient safety or regulatory changes.

**Information about Student Minimum Requirements**

1. **Current Tuberculosis Negative Screen or Treated: Screen must be within 365 days.**

Documentation is on SCHOOL’s records that the STUDENT and SCHOOL representative(s) working in a Bronson facility are free of transmissible tuberculosis by:

* A tuberculosis blood test (preferred) or a Mantoux tuberculosis (skin) test, the latest being administered within the last 365 days and yielding a negative result, and,
* If the tuberculosis blood or skin test yield a positive result, a physician’s documentation that the STUDENT and SCHOOL representative(s) are free of transmissible tuberculosis (by chest x-ray or prophylactic treatment).

BRONSON’s ProHealth can provide the above immunizations or lab tests at the STUDENT/SCHOOL’s expense.

1. **Nationwide Background Check: Consult with BRONSON about ‘positive’ results or questions.**

The SCHOOL representative will consult with BRONSON about any ‘positive’ background check results. BRONSON’s decision to permit placement is based on individual situations. Guidelines for BRONSON’s decision-making can be provided. Other background checks may be required based on the unit of placement. Specific units/departments or agencies may have additional requirements. Current guidelines are Michigan Workforce Background Check Legal Guide.

Central Registry and Sex Offenders Clearance is required for all STUDENTS in areas with pediatric patients, such as General Pediatrics, Rehab, OB, PICU and NICU, as well as those in Behavioral Health and Trauma and Emergency.

Fingerprinting is required for STUDENTS in Behavioral Health, Home Care, Skilled Nursing facilities, and other areas as designated.

1. **Current Immunizations or Immunity: MMR (Measles, Mumps, Rubella), current Tdap (Tetanus, diphtheria, pertussis), Varicella, Seasonal Influenza, Hepatitis B (or declination), COVID, and Other Immunization as required by regulatory agencies.**
* Acceptable documentation for immunity to measles, mumps and rubella is from either proof of immunity or documented administration of the MMR vaccine schedule.
* If the STUDENT and SCHOOL representative(s) have reasonably anticipated occupational exposure to blood, body fluids, or blood borne pathogens, the STUDENT and SCHOOL representative(s) shall either:
1. Provide documentation of having completed the three-dose hepatitis B vaccine series; or
2. Provide documentation of immunity to Hepatitis B; or
3. Receive the Hepatitis B vaccine series with the first dose given prior to placement; or
4. Sign the Hepatitis B Vaccine Declination Statement.
* COVID-19 immunization is required (completed a full vaccination series)
* BRONSON’s ProHealth can provide the above immunizations or lab tests at the STUDENT/SCHOOL’s expense.
1. **PAPR or N95:** Need for PAPR is determined by the job requirement for the department of STUDENT placement. Consult with the BRONSON ProHealth with any questions.PAPR training is completed at [www.bronsonhealth.com](https://www.bronsonhealth.com/students-and-residents/student-experiences/)

**ADDENDUM A** (Page 3 of 3)

1. **Negative Drug Testing: Must be within 365 days.** BRONSON’s ProHealth can provide the drug screening at STUDENT/SCHOOL’s expense. BRONSON facilities require a 10 panel non-regulated urine drug screen performed by a SAMHSA certified lab with MRO verification if needed. Drugs to be tested include: Cocaine, Benzodiazepines, Methadone, Methaqualone, Barbiturates, Marijuana, Opiates, Phencyclidine, Amphetamine and Propoxyphene. Specific units/departments may have additional requirements.
2. **STUDENT PROJECTS:** STUDENT projects may be subject to review by BRONSON’s Research Committee and may require an Internal Review Board (IRB) review. When there are questions, the Research Committee will be included in decision-making about individual projects.