

## HEALTH CERTIFICATION

Please email the completed form to Occupational Health at [OccHealth@TrinityHealthOfNE.org](mailto:OccHealth@TrinityHealthOfNE.org), **at least two weeks in advance of your start date.** Occupational Health requires a two-week lead time. Please do not follow up or request expedited review, as our Occupational Health team is processing requests as quickly as possible. Additional emails slow the review process.

For questions related to Health Clearance or Onboarding status, please contact: [Learners@TrinityHealthOfNE.org](mailto:Learners@TrinityHealthOfNE.org)

### Student/School Information

Student Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Course / Program: \_\_\_\_\_  
 TH Of NE Department contact: \_\_\_\_\_  
 Rotation Dates: \_\_\_\_\_ through \_\_\_\_\_

### Organization Supervisor/Preceptor Information

Supervisor/Preceptor Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 School: \_\_\_\_\_  
 \*License #: \_\_\_\_\_  
 \*License Expiration Date: \_\_\_\_\_  
 Project: \_\_\_\_\_  
 Rotation Dates: \_\_\_\_\_ through \_\_\_\_\_

<u>Immunization Status</u> Insert Date of Each Immunization, Date and Result of Titer, or Exemption	Influenza Vaccine	COVID-19 Vaccine
<b>Student Name:</b>		
<b>*School Supervisor/Preceptor Name:</b>		

\*School Supervisor/Preceptor information is necessary only if school supervisor/preceptor will be onsite during educational experience.

**If an exemption was granted for medical or religious reasons for the Influenza vaccine and/or COVID-19 vaccine, please indicate "Exemption" and the date it was granted.**

**This form must be signed by an authorized School official. Students cannot sign their own form.**

I reviewed the vaccination information required for the Student and Supervisor/Preceptor noted above and affirm that the required vaccination documentation was presented to the School or the School has granted a medical or religious exemption for a vaccination. I also confirm Patient Rights was reviewed. I confirm I am authorized to sign this document on behalf of School.

\_\_\_\_\_  
 Name of Authorized School Official

\_\_\_\_\_  
 Signature of Authorized School Official

\_\_\_\_\_  
 Date