



Office of Student Affiliations

Student Information

Welcome to WellStar. We look forward to your time with us. We have some requirements that will need to be completed at least 15 business days before you can begin your rotation.

Please complete the information below and e-mail the completed forms as attachments to Katherine.Hayes@wellstar.org.

If needed, submissions may be faxed to 770-937-4163 or mailed to: WellStar Development Center, 2000 South Park Place Atlanta, GA 30339 Attn: Kate Hayes

Date: _____

Name: _____

Date of Birth: _____

Telephone: _____

E-mail: _____

Student ID #: _____

School: _____

Faculty Contact: _____

Faculty Contact Phone: _____

Faculty Contact email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Personal Physician Contact: _____

Phone: _____

Expected dates of rotation: From: _____

until: _____

Preceptor's Name: _____

Phone: _____

Do you have any chronic health problems that might be impacted by contact with patients who may have infections? Do you have any other health issues we need to be aware of?

If yes, please explain: _____

Do you have a latex allergy? Yes: ____ No: ____

Please include proof of the following:

Health Requirements

- PPD (TB) Skin test within the past 12 months or a negative chest x-ray report if PPD is positive
- Immunization Record including: (documentation of obtaining the vaccine series x 2 or serology (titers) results that indicate immunity)
 - ✓ Hepatitis B Vaccine Series (3)
 - ✓ Measles
 - ✓ Mumps
 - ✓ Rubella Vaccine
 - ✓ Varicella Vaccine
 - ✓ history of Chicken Pox or positive Varicella titer
- Within the past 10 years
 - ✓ Tetanus
 - ✓ Diphtheria
 - ✓ Pertussis Vaccine

Other Documentation

- Proof of personal Health Insurance
- Criminal Background check (if over age 18) including drug screen if providing patient care. See the attached information sheet if needed.
- A validation from the Educational Institution that the student is enrolled and in good standing. *(For individuals who are not enrolled in a formal training program, a transcript from a prior Educational Institution may be used.)*
- Malpractice Insurance Documentation (Nursing, Allied Health, Medical,, Physician Assistants, Advanced Practice Nursing students)
- A signed Confidentiality and Technology Agreement
- Basic Lifesaver (BLS-CPR) card (Nursing, Allied health, Advanced Practice Nursing)
- Professional License (if applicable)
- Parental Release (if the student is under 18 years of age)

Your preceptor will assist you with your WellStar Orientation Confirmation:

- GAMES review and test (if you use this option, submit a completed test)
or
- Attendance at Volunteer Orientation
or
- Attendance at WellStar's New Employee Orientation (NEO)

We hope you have a positive experience while at WellStar. Please contact us at the WellStar Office of Student Affiliations at 770-956-6448 if you need any additional information.