



**CLINICAL ROTATION SCREENING TOOL for Students **WITHOUT** Typhon Accounts**  
**June 24, 2020 – FILLABLE PDF**

Students attending **in-person** clinical rotations are required to complete the Clinical Rotation Screening Tool form. Students without a TYPHON account submit it to the Clinical Affairs Office, via the fillable PDF. Students with a TYPHON account will complete the form in the Evaluation section of Typhon. **In-person rotations will not be authorized until the form is received.** Students who are unable to participate in their clinical rotations for any reason, should contact their Student Program Director or Concentration Coordinator. This may include having a medical condition, caring for or living with an immunocompromised individual, being in quarantine, or living-out-of-state. Please do not hesitate to contact the Clinical Affairs Office with questions about the form at [HSC-CON-Placements@salud.unm.edu](mailto:HSC-CON-Placements@salud.unm.edu).

**Please confirm by initialing each statement.**

- \_\_\_\_\_ Symptoms check/attestation (screening):  
You will be receiving a **daily** email from [SymptomAttestation@salud.unm.edu](mailto:SymptomAttestation@salud.unm.edu). The message states: Are you intending on coming to campus today? If you are going to clinical or coming on campus for any reason, answer yes. You will then be given a list of questions on COVID-19 related symptoms. Once you complete that portion you will receive a message if you are cleared to come to campus. If you are not cleared to come to campus, you must follow the instructions in the return email and contact your Program Director or Concentration Coordinator. Clinical sites may also require a screening process before entering their building.
  
- \_\_\_\_\_ Student acknowledges not being exposed to or caring for a COVID-19 positive household member in the past 14 days.
  
- \_\_\_\_\_ Student acknowledges not traveling outside of NM or to a high risk area in NM for 14 days prior to start of clinical training (Employee Occupational Health Services [EOHS] defines 'high risk', using NM Department of Health [DOH] website <https://cv.nmhealth.org/travel-recommendations/>) **quarantine of 10 days may be acceptable IF the individual is tested for COVID-19 at day 7 of the quarantine and the test is negative (may take up to 3 days to receive the results).**
  
- \_\_\_\_\_ Student acknowledges that some clinical sites may not allow students who have cared for COVID-19 patients, even if appropriate PPE measures have been followed, without a 14 day quarantine.
  
- \_\_\_\_\_ Student has received video training on appropriate use of PPE (see Centers for Disease Control on the use of PPE at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html> )
  
- \_\_\_\_\_ PPE, as needed, will be provided by either the clinical site or by the CON. Students will use in accordance with the current policies and guidelines of the hospital or clinic.
  
- \_\_\_\_\_ Your clinical site may require you to be tested for Covid-19. Free screening and testing sites available at the N.M. Department of Health at <https://cvprovider.nmhealth.org/directory.html>



\_\_\_\_\_ The CON is responsible for determining the supervision of students (i.e. CON instructor; Unit Based Educator; assigned preceptor; faculty liaison; site visitor).

\_\_\_\_\_ Student is aware of requirement to self-monitor for symptoms: will not engage in a clinical rotation if symptomatic; will inform their Course Coordinator and Program Director or Concentration Coordinator if not attending clinical; and will seek medical attention if necessary.

\_\_\_\_\_ Student acknowledges potential risk for contracting communicable illness as part of work in a health care setting. Such risk occurs even when not seeing known Covid-19 positive or persons under investigation. CON needle stick policy is available in all student handbooks.

\_\_\_\_\_ Student agrees to abide by the New Mexico Department of Health COVID safe practices as applicable to the clinical setting (<https://cv.nmhealth.org/covid-safe-practices/>) as well as any policies in place at the hospital or clinic setting.

Student Signature \_\_\_\_\_

Type or Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Check one of the following:**

\_\_\_\_\_ Undergraduate Student MAIN Campus and Rio Rancho: Indicate Level \_\_\_\_\_

\_\_\_\_\_ NMNEC Co-enrolled students  
Indicate Level and Partner School \_\_\_\_\_

\_\_\_\_\_ MSN Nursing Administration      APRN Concentrations (Check one):

\_\_\_\_\_ MSN Nursing Education      \_\_\_\_\_ Family Nurse Practitioner

\_\_\_\_\_ Doctor of Nursing Practice Program      \_\_\_\_\_ Nurse Midwifery

\_\_\_\_\_ PhD Program      \_\_\_\_\_ Adult-Gero Acute Care Nurse Practitioner

\_\_\_\_\_ Pediatric Nurse Practitioner

\_\_\_\_\_ Psychiatric Mental Health Nurse Practitioner