

SAMPLE LETTER FROM SCHOOL
(Must be on letterhead)

Date

Children's HealthSM
ATTN: Student Services
1935 Medical District Drive
Dallas, TX 75235

To Whom It May Concern,

The following student(s) is/are in good standing with their school and have met the following criteria as outlined in the clinical affiliation agreement between [Click here to enter text.](#) and Children's HealthSM

Please document the following information about the student (s):

Student Name: [Click here to enter text.](#)

Student Classification: [Click here to enter text.](#)

Clinical Dates of Attendance: [Click here to enter a date.](#) TO [Click here to enter a date.](#)

Preceptor (s): [Click here to enter text.](#)

Clinical Unit/Department: [Click here to enter text.](#)

Student(s) have/has met the following requirements:

- School must have clinical affiliation with Children's
- Must have liability insurance, as stated in the contract.
- Children's required Immunizations
 - TB testing: Test is required annually and must be current through your entire rotation.
 - Option 1 - Quantiferon Gold TB blood test
 - Option 2 - Two rounds of TB skin testing within one year
 - ✓ ***Chest x-ray is required if you have had a positive TB test***
 - ✓ Provide documentation of the positive test as well as your x-ray documentation (free from disease)
 - 2 MMR's or positive titers to measles, mumps, rubella
 - 2 Varicella vaccines or positive titer
 - Tdap vaccine
 - 3 Hep B vaccinations or positive titer - **CLINICAL STUDENTS ONLY**
 - ✓ They must have a complete series and/or a positive titer
 - ✓ If they have had 2 doses and then a positive titer, they still need the 3rd dose
 - Flu vaccine during flu season – usually September to April
 - COVID-19
 - The COVID-19 vaccine is not a requirement for applicants at Children's Health. If you have received the COVID-19 vaccinations, please submit your records so that they are on file (proof of both doses of a two-dose series or proof of a single dose vaccine and/or booster).
- Government Issued Picture ID
- Current BLS card - *only if required by hosting department*
- Criminal background check: [Click here to enter a date.](#)
- Drug screen: [Click here to enter a date.](#)

Student is (**must pick one**) N/A Current employee Former employee Previous Student

I agree to notify Student Services within 24 hours if a student has a change in status such that he/she is no longer in good standing.

Sincerely,

Name _____
University _____
Contact Information _____

Attachment: Proof of Liability Insurance