

EXHIBIT B
HEALTH AND BACKGROUND SCREENING ATTESTATION
Florida International University / BSN/MSN/HIM Programs

HEALTH OF STUDENTS. School affirms the Students(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 5 years; and
2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.

BACKGROUND CHECKS. School has conducted a retrospective background check on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless CCFL is notified in writing, all background checks are negative. The background check included the following:

1. Social Security number verification.
2. Criminal Search (7 years)
3. Violent Sexual Offender & Predator registry
4. HHS/OIG/GSA
5. Other: N/A

DRUG SCREEN. School has conducted a drug screening on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless CCFL is notified in writing, all drugs screenings are negative.

ATTENDING STUDENTS:

1. _____
2. _____

STAFF:

1. _____
2. _____

Subject to applicable laws and School's receipt of the required student release forms, School acknowledges this information will be available to all CCFL affiliates as reasonably necessary. Notwithstanding this provision, School acknowledges that any student who does not execute a release authorizing the School to release the above information to CCFL, if required for student's participation in the clinical program, may not be permitted to participate in the clinical program at CCFL's discretion.

SCHOOL: FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES

Name: _____
Title: _____