



Clinical Requirements Checklist – Physical Therapy

Instructions for Entering your Requirements:

Please note:

- Enter your immunization information based on the checklist below, and on documentation collected from your healthcare provider.
- ☑ Remember to 'submit' when entering information.
- ☑ Submit official documentation and any required forms from Florida International University, by:
 - Uploading digital documentation into your Complio Account by clicking "Upload Documents" tab.

Need Assistance? Contact American DataBank at 1-800-200-0853.

<input type="checkbox"/> Varicella	One Time
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You must have a Varicella Surface Antibody IGG Titer.

Immune (Positive)	Submit IGG labwork printout for an Immune (Positive) titer.
Not Immune (Negative or Equivocal)	Submit labwork printout for titer, AND submit proof of two (2) Varicella Vaccinations given at any time (before or after the titer). The vaccinations must be at least 28 days apart.

<input type="checkbox"/> Measles (Rubeola) and Rubella	One Time
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You must have Measles and Rubella Surface Antibody IGG Titers.

Immune (Positive)	Submit IGG labwork printout for an Immune (Positive) for both titers.
Not Immune (Negative or Equivocal)	Submit labwork printout for titers, AND submit proof of two (2) MMR Vaccinations given at any time (before or after the titer). The vaccinations must be given after 12 months of age, and be at least 28 days apart. It is <u>recommended</u> that any student with a negative titer, who has already received 2 MMR vaccinations, receive a booster dose of MMR.

<input type="checkbox"/> Mumps	One Time
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You must have either A OR B.

A	Submit IGG labwork for an Immune (Positive) Mumps Surface Antibody Titer. If your titer is not-immune (negative or equivocal), complete option B.
B	Submit proof of two (2) MMR Vaccinations, given after 12 months of age, and at least 28 days apart.

<input type="checkbox"/> Tetanus, Diphtheria, Pertussis (Tdap)	Every Ten Years
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You must submit proof of a Tdap (Tetanus Diphtheria and Pertussis) vaccination, given within the last 10 years. If it has been more than 10 years since your Tdap shot, you must provide documentation of a Td.

Checklist for Immunization Requirements (Continued...)

Hepatitis B One Time

You must have a Hepatitis B Surface Antibody IGG Titer.

Immune (Positive)	Submit labwork printout for titer.
Not Immune (Negative or Equivocal)	Submit labwork printout for titer, AND sign and submit a Hepatitis B Declination Form. It is recommended that you repeat the 3-shot series for Hepatitis B.
Declination	If you have not completed the Hep B 3-Shot Series prior to the start of the Clinical Portion of your program, you <u>must</u> sign and submit the Hepatitis B Declination Form. It is highly <i>recommended</i> that you complete the 3-shot Hepatitis B Shot Series.

PPD (Tuberculosis Skin Test) Annually

You must complete one of the two options below. Your PPD must be valid for the *entire duration* of your clinical experience.

PPD Negative	First Time	Have a 2-Step PPD, which is two TB Tests within 1 week to 12 months of each other.
	Renewal	Have one TB Test every 12 months. If your TB Tests are more than 12 months apart, you must have an additional test at least 7 days after the first.
PPD Positive	First Time	Submit proof of a Positive TB Skin Test (from any time), and lab results for a Negative Chest X-Ray (given within the last 5 years).
	Renewal	Lab results for a Negative Chest X-Ray, due every 5 years. Every year without a new Chest X-Ray, you must submit a TB Clearance from your Primary Care Provider.

Health History and Physical Examination Form Annually

You must submit a copy of a physical exam signed by your Healthcare Provider. Submit any official form signed and dated by your healthcare provider which shows the result of your physical examination.

Influenza Shot Annually

You are required to receive a seasonal flu shot. You will need to present the name of the facility providing the vaccine, the manufacturer of the vaccine, lot number of the vaccine, expiration date of the vaccine, and provide the site of the injection in order to meet this requirement.

CPR Every Two Years

You are required to have a current American Heart Association BLS for Healthcare Providers CPR Certification. Please submit a front and back signed copy of your card or certificate. Your CPR must be valid for the *entire duration* of your clinical experience

Health Insurance Every Year

You must have current Major Medical Health Insurance Coverage, which must include hospitalization coverage. Please submit a copy of the front and back of your Health Insurance Card, or other documentation of your current coverage. **This must be sent every year, even if the coverage does not change.** You are encouraged to discuss coverage with your provider, so that you understand what they will cover if you are injured while in a school activity. You and your insurance provider will be responsible for your healthcare expenses after any incident during school activities, including (but not limited to) bloodborne pathogen exposure. Your health insurance must be valid for the *entire duration* of your clinical experience.

Checklist for Immunization Requirements (Continued...)

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| <input type="checkbox"/> Performance Standards Form | One Time |
| You are required to download, print, and complete the Performance Standards Form. Once completed, you must upload a copy of BOTH pages. | |
| <input type="checkbox"/> Consent and Release Form | One Time |
| You are required to download, print, and submit a copy of the completed Consent and Release form. Once completed, you must upload a copy of the form. | |
| <input type="checkbox"/> Student Attestation | One Time |
| You are required to download, print, and submit a copy of the completed Student Attestation form. Once completed, please upload a copy of this form. | |
| <input type="checkbox"/> Complio Background Check | Annually |
| You are required to complete a criminal background check through the complio webiste which can be found by visiting https://fiu.complio.com/ . Complio will enter the completion date and upload a copy of your results. | |
| <input type="checkbox"/> Complio Drug Screen | Annually |
| You are required to complete a drug screen through the complio webiste which can be found by visiting https://fiu.complio.com/ . Complio will enter the completion date and upload a copy of your results. | |
| <input type="checkbox"/> American DataBank Employment History | One Time |
| You are required to have your 7 year employment history verified through Complio. Please order by visiting https://fiu.complio.com/ . Complio will enter the completion date and upload a copy of your results. If you have never been employed please complete the employment waiver and upload the form. | |
| <input type="checkbox"/> Additional Forms | One Time |
| <ul style="list-style-type: none">• Medical Errors Certificate of Completion- One Time• Domestic Violence Certificate- One Time• HIPAA Training Certificate- One Time• HIV/AIDS Training Certificate- One Time• Blood Borne Pathogen Certification- One Time | |

Resources for Courses: Please see your syllabus for more information.

APTA Learning Center	www.learningcenter.apta.org/home.aspx
Care2Learn	www.care2learn.com/default.aspx
Consultants for the Future	www.consultantsforthefuture.com
Cheap CEUs	www.cheapceus.com/user/online_courses/2
FPTA	www.fpta.org/displaycommon.cfm?an=1&subarticlenbr=63