

Student Intern Checklist for Intermountain Healthcare Requirements

Before the Internship Office will approve your IRAMS application—allowing you to register for the course—you must provide documentation that all requirements outlined below have been completed. Please upload the PDFs directly to your IRAMS application on the student obligation documents page or email the PDFs to internship@byu.edu. If necessary, you may bring physical copies of the documentation to the Internship Office in 5435 HBLL.

Immunizations

- ☐ **Tuberculosis screening requirement.*** One of the following is required within six months of the internship start date:
- (a) One (1) QuantiFERON Gold with negative result.
 - (b) One (1) T-Spot blood test with negative result.
 - (c) Two (2) separate 2-step TST (two separate Tuberculin Skin Tests, aka PPD tests). This test can be performed within 10 days of each other, but no later than twelve months. The last TST should be completed no later than six months prior to the internship start date. Results may be similar to these shown below:

Date Placed:	Placed By:	Lot #:	Date Read:	Read By:	Result:	MM:	Follow-up:
12/08/2015	CRA	SP-C4546AA	12/11/2015	CRA	NEG	00	None
11/17/2015	JJW	SP-C4546AA	11/19/2015	JJW	neg	0m	None

If previously positive to any TB test, you must complete a symptom questionnaire and have a chest x-ray read by a radiologist with a normal result. If chest x-ray is abnormal, you must be cleared by your physician or local health department before beginning your internship assignment.

- ☐ **Measles (Rubeola), Mumps and Rubella requirement.*** One of the following is required:
- (a) Proof of two (2) MMR vaccinations.
 - (b) Proof of immunity to Measles (Rubeola), Mumps, Rubella through a blood test.
- ☐ **Hepatitis B. – Optional but strongly recommended.** The Hepatitis B series should be considered if you are at risk for an occupational exposure, which is defined as someone with a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of their duties. One of the following should be performed:
- (a) Documentation of three (3) Hepatitis B vaccinations and blood test with “Reactive” result.
 - (b) Documentation of three (3) Hepatitis B vaccinations given more than 8 weeks prior to start date with no documented blood test results (no blood test is required, but a baseline titer should be run immediately if the person has a significant exposure to blood or body fluids).
 - (c) Blood test with “Reactive” result.
 - (d) Documentation of six (6) Hepatitis B vaccinations with blood test result of “Not Reactive” (this person is considered a “Non-Responder”).
- ☐ **Varicella (Chickenpox) requirement.*** One of the following is required:
- (a) Proof of two (2) Varicella vaccinations.
 - (b) Proof of immunity to Varicella through a blood test.
- ☐ **Tdap requirement.*** Proof of one (1) Tdap vaccination after age 10.
- ☐ **Flu Vaccination requirement.*** Proof of current, annual influenza vaccination. This vaccination is not required if the internship assignment is scheduled during the summer months because the vaccination is not available.

**Personal or parental recollections are not acceptable forms of proof of immunity.*

- ☐ **Passed a criminal background check** and is not listed on the [sex offender website](#) or any successor website hereto. The results of the background check must be completed while you are enrolled in an academic program.
- ☐ **Passed a standard SAM 5 urine drug screen.** The drug screen must be completed while you are enrolled in an academic program. A positive drug screen result must be reviewed and cleared by a medical review officer (MRO).

Once these requirements are complete and you begin your internship at Intermountain Healthcare, **contact the Intermountain Student Programs Coordinator** for orientation on facility policies and security information.

Current Intermountain Employees or Volunteers

If you are a current Intermountain employee or volunteer, please sign below. Signing and dating the section below and copy of your Intermountain ID badge will serve as verification that you have already completed the listed requirements.

- ☐ I am a current Intermountain Healthcare employee or volunteer. The requirements—including various immunizations, a criminal background check and a drug screen—were completed as a condition of my employment or volunteer acceptance (if after April 1 1996). I have also included a copy of my Intermountain ID badge.

Student Name (print) _____ NetID/BYU ID _____

Student Signature _____ Date _____

Place a copy of
your
Intermountain
ID Badge
here.

OR

Place a copy of your
Intermountain ID
Badge here.