Exhibit B to Education Affiliation Agreement
Student/Instructor Attestation Sheet for Clinical Rotations

Please indicate the campus for the clinical rotation:  □ Clinics  □ Hospital

Name of School:  __________________________________  Name of Student:  _______________________________________________

Program Type:  □ MA  □ LPN  □ BSN  □ MSN/MN  □ Medical Student  □ NP Student  □ Other: Allied Health _________________________

Inclusive Dates of Clinical Rotation: _________________________  Clinical Unit/Department:  ________________________________________

Please complete the following grid. A check mark indicates compliance. This form must be submitted to the EDT department PRIOR TO beginning the clinical rotation. School will maintain documentation for ALL items listed, which are included in the current Affiliation Agreement between St. Tammany Health System and School. Per Agreement, this information must be available upon request.

<table>
<thead>
<tr>
<th>Name of Student /Instructor</th>
<th>Proof of Negative T8 test (within 12 months) or Health Screen Form</th>
<th>Positive Titer: Rubella</th>
<th>Positive Titer: Mumps</th>
<th>Positive Titer: Measles</th>
<th>Positive Titer: Chicken Pox</th>
<th>Hepatitis B Vaccine complete, or declination form signed</th>
<th>Current Influenza Vaccination (Must have received prior to Spring rotation)</th>
<th>LA License if out of state Nursing student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Student</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>N/A</td>
</tr>
</tbody>
</table>

I acknowledge and attest that I/we own, and have in our possession, the above documentation and reports. I also acknowledge and agree to regular compliance audits by St. Tammany Health System to ensure documentation is available upon request. By the execution hereof, School hereby warrants and confirms to St. Tammany Health System the accuracy of the information provided above as of Date:  ________________

By: __________________________________________________________ Title: __________________________________________________________