*Occupational Health and Safety*
PLACEMENT FORM
Learner/Instructor

Supplying School Name:

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| Clinical Instructor Name: | Phone Number: | Email Address: |
|---|---|---|
| | | |

| RVH Contact Name: | Phone Number: | Email Address: |
|---|---|---|
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| Learner/ Instructor Name | Placement Requirements Met | Flu Shot | MOL Education | Date at RVH From dd/mm/yy | Date at RVH To dd/mm/yy | Requirements NOT Met |
|---|---|---|---|---|---|---|
| *(e.g. Jim Smith)* | *Yes☐ No☒* | *Yes☐ No☒* | Yes☐ No☐ | *02/09/14* | *15/12/14* | *Not immune- Hep B* |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |
| | Yes☐ No☐ | Yes☐ No☐ | Yes☐ No☐ | | | |

**Any Learner/Instructor starting their placement during influenza season (Oct-April) will be required to submit information regarding flu status to their clinical instructor/coordinator.*

Clinical Instructor/Coordinator Signature: _____Date: _____