

Medical School Approval Statement

To be completed by Dean of Students or comparable official at medical school where the student is enrolled.

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| 1. | This medical student is in good standing at this institution. | Yes or No |
| 2. | Does Malpractice Insurance cover the student while away from their school? | Yes or No |
| 3. | Personal Health coverage is in effect while the student is All Children's Hospital
Johns Hopkins Medicine. | Yes or No |
| 4. | The medical student is approved to take this elective for credit. | Yes or No |
| 5. | Does the medical student require special accommodations? | Yes or No |
| 6. | The student has completed training on universal precautions for the handling
of body fluids and sharp instruments. | Yes or No |
| 7. | The student has completed HIPPA training. | Yes or No |
| 8. | Does your medical school require a criminal back ground check? | Yes or No |

At conclusion of the elective, an All Children's Hospital Johns Hopkins Medicine evaluation will be sent.

Signature, Title and Institution:

Print Name of Official:

Send completed evaluation to following name and address: