

Data Gathering Form

Name_____

1. Sign your signature that you use on all hospital documentation.

2. Are all your immunizations current until the end of the quarter?_____

Are copies of all immunizations and CPR in your file at DAC *and* on your clipboard?

3. Does the Nursing Department *and* the College have your current address and phone number?_____

4. What is your experience with children? (have your own, babysat, etc). Do you feel comfortable with infants and children?

5. Please complete:

Contact info (for emergencies only):

Any medical conditions and/or medications I should know about in order to keep you safe: