

**Policy S-4**  
**FLORIDA STATE UNIVERSITY**  
**COLLEGE OF NURSING**

**TITLE: CLINICAL CLEARANCE**

**POLICY:** Clinical Clearance is required for a student to participate in a required clinical experience. Any lapse in Clinical Clearance may result in the student being dropped from courses.

**RATIONALE:** For the health and safety of nursing students and the patients encountered in the nursing program, the FSU College of Nursing and participating agencies require current documentation of CPR, health insurance, health status and currency in immunizations. Clinical Clearance will be issued when all documentation is complete.

**PROCEDURE:**

**For All Students Enrolled in College of Nursing Programs:**

1. It is the responsibility of each student to provide documentation for the following and upload this documentation to your clinical clearance account
  - **College of Nursing Immunization Form**  
All students must provide proof of the following immunizations or titer results upon admission to the College of Nursing: polio, diphtheria, tetanus, MMR (measles, mumps, rubella), varicella (chickenpox), hepatitis B series. *(See Attachment #1 – Policy on Health Examination and Immunizations)*
  - **TB/PPD Test Results**  
All students must provide proof of a negative PPD test upon admission to the College of Nursing, which must be updated annually. *(See Attachment #1 – Policy on Health Examination and Immunizations)*  
Students who have positive results must provide documentation from a health care provider and submit an annual review of symptoms. *(See Attachment #2 – Positive PPD Test Results – Tuberculosis Symptom Questionnaire)*
  - **Influenza Vaccine**  
All students must provide documentation on having a current seasonal Influenza Vaccine during Fall Semester. For those students who cannot receive the flu vaccine documentation must be submitted from a healthcare provider explaining reason for not take the immunization and alternate clinical placement may be required. If an alternate clinical

placement is not available, the student may not be able to progress in the nursing major.

- **Essential Functions / Technical Standards Required of Nursing Students Form**

All students have a complete physical examination and have an appropriate healthcare provider sign off on this form upon admission to the College of Nursing. *(See Attachments #3 and #4)* If you believe that you cannot meet one or more of the standards listed without accommodations or modifications, it is your responsibility to request appropriate assistance and guidance from the faculty and/or college administration *(See College of Nursing Policy S-3)*. It will be determined, on an individual basis, whether the necessary accommodations or modifications can be made reasonably.

- **CPR Certification**

All students must provide proof of CPR certification upon admission to the College of Nursing, which must be updated upon expiration. A copy of the certification card that includes expiration date must be uploaded to your clinical clearance account.

- **Criminal History Background Check**

All students must submit to a FDLE/FBI Level II Background Check upon admission to the College of Nursing, as well as a Certified Background Review, which includes the Patriot Act, Social Security Alert, Sex Offender Index, Employment Verification, Nationwide Healthcare Fraud & Abuse Scan, Residence History, Local Criminal Check based on county of residence for last 7 years. *(See College of Nursing Student Policy #S-2 – Criminal Background Check)*.

- **Affidavit of Good Moral Character**

All students must submit this notarized form on an annual basis following the initial background screenings. *(See Attachment #5)*

- **Personal Health Insurance**

All students must provide proof of personal health insurance coverage upon admission to the program.

- **10 Panel Drug Screen**

All students must submit to a 10-panel drug urinalysis screening. *(See College of Nursing Student Policy #S-5 – Substance Abuse)*

- **Current unencumbered/unrestricted Florida RN License**  
Students enrolled in the graduate nursing program must provide proof of a current unencumbered/unrestricted Florida Registered Nurse license prior to enrollment in the program. Licensure must be active and unencumbered/unrestricted throughout enrollment in the nursing program.
2. This documentation must be on file and current to obtain clinical clearance. It is the responsibility of the student to provide updated information and to obtain clinical clearance prior to enrollment in a clinical course. It is the responsibility of each student to upload all documentation to your clinical clearance account.

Undergraduate nursing students must satisfactorily complete all clinical clearance within 30 days prior to the first day of orientation, or failure to comply will result in the CON rescinding your seat in the program.

3. Undergraduate nursing students must satisfactorily complete required Drug Math Tests and Clinical Skills Testing (*See College of Nursing Undergraduate Policy U-8 and U-9*).
4. Students may be requested by a faculty member or clinical agency to provide evidence of clinical clearance in order for a student to participate in a required clinical experience.

Approved:

Faculty:	2/27/04	6/18/07	4/18/08	8/11/10	3/30/12
	1/24/13	8/13/15	9/16/16	1/24/2020	
Dean:	2/27/04	6/18/07	4/18/08	8/11/10	3/30/12
	1/24/13	8/13/15	9/16/16	1/24/2020	

## **ATTACHMENT #1**

### **Policy on Health Examination and Immunizations**

The Florida State University College of Nursing (CON) guidelines for health examination and immunizations are based on the recommendations of the Center for Disease Control and State of Florida guidelines for the adult in a health-related occupation.

Prior to your first term of enrollment, nursing students are required to submit a completed medical examination including evidence of the following immunizations.

#### **REQUIRED IMMUNIZATIONS**

**Diphtheria, Pertussis  
& Tetanus**

Complete primary DTaP series (3 doses) with Tdap or Td booster within 10 years.

**Measles  
(Rubeola)**

Documentation of one of the following:

- a. Two (2) immunizations with live measles (Rubeola) virus vaccine administered at least 30 days apart dated after 1967, and on or after the first birthday; or
- b. Positive Rubeola titer (blood test) proving immunity; or
- c. Statement by a physician on his/her stationary which specifies the date seen and states VERBATIM the person has had an illness “characterized by a general rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and, in the physician’s opinion, is diagnosed to have had the ten-day measles (Rubeola)”.

**Rubella  
(German Measles)**

Documentation of immunization with one of the following:

- a. Live Rubella virus vaccine, dated after 1967, and on or after the first birthday; or
- b. Positive Rubella titer (blood test) proving immunity.

**Mumps**

Documentation of immunization with one of the following:

- a. Live Mumps virus vaccine, on or after the first birthday; or
- b. Positive Mumps titer (blood test) proving immunity.

Students with a birth date prior to 1/1/57 are exempt from the Measles, Mumps, Rubella (MMR) requirement.

**Hepatitis B**

Documentation of one of the following:

- a. Series of three (3) intra-muscular injections: second and third doses given one (1) and six (6) months after the first injection. Students enrolling in the program must have at least one injection by the first day of classes; or
- b. Positive hepatitis B titer (blood test) proving immunity.

**Tuberculin Skin Test  
(Mantoux)**

Based on the recommendations from the CDC and the Florida Department of Health, the student must have skin test using the two-step Mantoux tuberculin skin test method. This testing must be completed prior to entry into the major. This two-step method is recommended for healthcare workers who will be retested periodically. This

method is used to reduce the likelihood that a boosted reaction will be misinterpreted as recent infection.

If the initial skin test is negative after reading by a trained health care worker, a second test is done 1 to 3 weeks later. Documentation of both tests must be in millimeters and provided to the CoN.

While enrolled in the program, students with a **negative skin test** must have an **annual** skin test. Documentation must be provided to the College of Nursing.

Those students who have a **positive skin test** must provide documentation from the health care provider. The **Positive PPD Test Results – Tuberculosis Symptom Questionnaire** must be completed with the results placed in the student's records.

**Varicella**  
(Chicken pox)

Documentation of one of the following (if have shots must have both vaccines):  
a. Varicella titer (blood test) proving immunity (required for TMH NICU) or  
b. Date of both # 1 and #2 Varicella vaccine.

**Influenza**

Flu immunization is required each year. Seasonal Influenza vaccines are available in the fall of the year. A student may obtain the immunization through the FSU Student Health Services. Additionally, the College of Nursing participates in flu clinics throughout the campus and students are able to obtain this immunization at that time. If you are unable to receive the Influenza Vaccine then documentation is required from a health care provider regarding reason for not receiving immunization, and alternate clinical placement may be required. If an alternate clinical placement is not available, the student may not be able to progress in the nursing major.

## **RECOMMENDED IMMUNIZATIONS**

**Meningococcal** “Young adults between the ages of 17-24 are at increased risk of developing a severe form of bacterial meningitis called meningococcal meningitis. The American College Health Association and the Centers for Disease Control (CDC) recommend that students consider getting the meningitis vaccine. This bacterial infection, although rare, may cause severe neurologic impairment, partial loss of limbs, or even death (10-13% MORTALITY RATE).

Freshmen living in residence halls, bar patronage, and exposure to alcohol and cigarette smoke further increase the risk of infection within this age group. The incidence in young adults is one case per 100,000. For freshmen living in residence halls, it is 3.8 or more per 100,000.

There are five different subtypes (called Serogroups) of the bacterium that causes meningococcal meningitis (Serogroups A, B, C, Y, and W-135). The current vaccine does not stimulate protective antibodies to Serogroup B, but does against the remaining four types. In the past, Serogroup B caused about 50% of the cases of meningococcal meningitis in the U.S. but more recently, it has decreased to about 27% or less, making vaccination more protective. The vaccine is estimated to protect for 10 years or longer and is safe.” (Thagard Student Health Center, May, 2007)

Documentation is required of the vaccine received with date or documented decline of the vaccine with date on the Health Exam Form.

All Health Examination and Immunization information is due by the deadline defined by each program.  
Additional information may be submitted to: Florida State University College of Nursing Office of Student  
Services Tallahassee, FL 32306-4310



# College of Nursing Immunization Form

The Florida State University College of Nursing  
Tallahassee, FL 32306-4310



**Student Name:** \_\_\_\_\_  
(Last name) (First name) (Middle name)

**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
(Month) (Day) (Year)

### REQUIRED IMMUNIZATIONS

Tuberculosis (PPD) Skin Test OR Quantiferon Gold Blood Test	Step One Date/Results	Step Two Date/Results	Chest X-Ray (+) Every 2 years acceptable w/ MD note	Quantiferon Date/Results	Annual Renewal One-Step PPD Date/Result

MMR or Titer Measles Mumps  Rubella <i>(Must document completion of immunization or positive titer)</i>	#1	#2	-OR- Titer Date/Results

Diphtheria, Tetanus & Pertussis <i>(Must provide proof of 3 shots and booster within last 10 years)</i>	#1	#2	#3	#4	Tdap/Td Booster

Hepatitis B Series <i>(must provide proof of 3 shots)</i>	#1	#2	#3	-OR- Titer Date/Result

Varicella (Chickenpox) <i>(Must document completion of both shots or positive titer)</i>	#1	#2	-OR- Titer Date/Result

### RECOMMENDED IMMUNIZATIONS

Influenza	Date (received or actively declined – indicate choice)

Meningococcal	Date (received or actively declined – indicate choice)

\_\_\_\_\_  
Healthcare Provider Signature (MD, DO, ARNP, PA, LPN, RN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Healthcare Provider License #

\_\_\_\_\_  
State/County Licensed



## ATTACHMENT #2

### POSITIVE PPD TEST RESULTS - TUBERCULOSIS SYMPTOM QUESTIONNAIRE

Those students who have a positive skin test must provide documentation from the health care provider verifying that treatment has been administered or patient is not considered contagious. An annual review of symptoms must be performed with the results placed in the student's records.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

Documented PPD History: Date of Test: \_\_\_\_\_ Results: \_\_\_\_\_ mm

If recent PPD Chest X-Ray date: \_\_\_\_\_ Results: \_\_\_\_\_

Have you had a history of treatment for active TB disease or treatment for latent TB infection?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

NUMBER OF MONTHS TAKEN: \_\_\_\_\_

NAME OF MEDICATION(S): \_\_\_\_\_

---

#### SYMPTOM ASSESSMENT

Date of Assessment: \_\_\_\_\_

Do you currently have a prolonged cough or hoarseness? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how long have you had it? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

If yes, what color is the mucus? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, are you coughing up blood? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE "NIGHT SWEATS"? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a low-grade fever? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you had weight loss without dieting? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how many pounds have you lost? \_\_\_\_\_

HAVE YOU HAD UNUSUAL TIREDNESS OR FATIGUE? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how long? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

DO YOU HAVE CHEST PAIN? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how long? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

DO YOU HAVE SHORTNESS OF BREATH? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how long? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Do you know someone who has TB or has had these symptoms? \_\_\_\_\_ YES \_\_\_\_\_ NO

COMMENTS/REFERRALS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any of the above symptoms, see a healthcare provider for further follow-up and testing!



**ATTACHMENT #3**  
**The Florida State University**  
**College of Nursing**  
**Essential Functions/Technical Standards**  
**Required of Nursing Students**

\*\*All students must read and sign the last page of the essential functions required to complete the nursing program at Florida State University

Student Name: \_\_\_\_\_  
(Last name) (First name) (Middle name)

\*Tasks and activities must be completed with or without accommodations that are deemed to be reasonable and appropriate for the specific environment and situation

ESSENTIAL FUNCTIONS	TECHNICAL STANDARDS	EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL-INCLUSIVE)*
<p><b>Cognitive Ability and Critical Thinking</b></p>	<p>Alertness, cognitive ability and critical thinking skills to collect, analyze and integrate information and knowledge to make clinical judgment and management decisions that promote client outcomes</p>	<p>Examples of relevant activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Apply the nursing process</li> <li>▪ Identify cause-effect relationships</li> <li>▪ Sequence or cluster client findings</li> <li>▪ Process information thoroughly and quickly to prioritize client care</li> <li>▪ Demonstrate skills of recall and reasoning</li> </ul>
<p><b>Interpersonal and Communication Abilities</b></p>	<p>Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural, spiritual and intellectual backgrounds</p> <p>Communication abilities sufficient for verbal and written interaction with others</p>	<p>Examples of relevant activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Communicate effectively and sensitively with clients and other health team members</li> <li>▪ Speak clearly and effectively in English</li> <li>▪ Read and understand English in printed documents</li> <li>▪ Communicate clearly in writing and with computer entry</li> </ul>

<p><b>Strength, Mobility, and Physical Endurance</b></p>	<p>Ability to perform gross and fine motor movements required to provide comprehensive nursing care</p> <p>Physical strength and stamina to perform satisfactorily in clinical nursing experiences</p> <p>Physical abilities sufficient for movement from room to room and in small spaces</p>	<p>Examples of relevant activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Lifting as described below: <ul style="list-style-type: none"> <li>➤ Turn and position clients as needed to prevent complications due to bed rest or minimal movement</li> <li>➤ Transfer clients in and out of bed</li> <li>➤ Transport and exercise clients</li> </ul> </li> <li>▪ Administer cardiopulmonary resuscitation (CPR)</li> <li>▪ Physical endurance sufficient to complete assigned period of clinical practice (e.g. continuous care for 4-5 hours, as well as shifts on days, evenings, nights, or weekends between 8 and 12 hours)</li> <li>▪ Ability to respond to an emergency situation</li> <li>▪ Ability to move around in the client rooms, work spaces and treatment areas</li> <li>▪ Maneuver in small areas such as client rooms and nursing work stations</li> </ul>
<p><b>Motor Skills</b></p>	<p>Psychomotor ability necessary to perform or assist with procedures, treatments, administration of medications and emergency interventions</p> <p>Sit, walk and stand without an assistive device on a daily basis whether in a classroom, clinical or volunteer setting (on-campus clinical simulation laboratory or off-campus clinical client care areas)</p>	<p>Examples of relevant activities include, but are not limited to, the ability to:</p> <ul style="list-style-type: none"> <li>▪ Stand and/or sit for long periods of time (e.g. minimum of 3-4 hours)</li> <li>▪ Stand and maintain balance while transferring clients, reaching below the waist and overhead while providing client care procedures</li> <li>▪ Walk without the use of a cane, walker, casts, walking boots, or crutches, as well as, arms free of casts or other assistive/restrictive devices in order to ambulate clients and provide bedside or general nursing care</li> <li>▪ Bend, squat, reach, kneel, balance, and/or move his/her body and all extremities quickly</li> <li>▪ Carry and lift loads from the floor, lifting loads 12 inches from the floor to shoulder height and overhead</li> <li>▪ Occasionally lifting 50 pounds, frequently lifting 25 pounds, and regularly lifting 10 pounds</li> <li>▪ Document client care by writing and/or typing on an electronic medical record for long periods of time (e.g. more than 15 minutes at one time)</li> <li>▪ Calibrate and manipulate equipment and supplies</li> </ul>

<b>Auditory, Olfactory, Visual and Tactile Senses</b>	Auditory, olfactory, visual and tactile acuity skills sufficient to monitor, assess, and respond to the clients health care needs	Examples of relevant and necessary sensory skills include, but are not limited to, sufficient: <ul style="list-style-type: none"><li>▪ Tactile sensation to heat, cold, pain, pressure, etc.</li><li>▪ Use of auditory senses to detect sounds related to bodily functions using a stethoscope</li><li>▪ Hear and interpret correctly i.e. verbal orders and alarms</li><li>▪ Use of auditory senses to communicate clearly during telephone conversations and respond effectively with clients and/or with other members of the healthcare team</li><li>▪ Visual skills necessary to make accurate visual observations and complete client assessments</li><li>▪ Use of olfactory senses to make accurate assessments and respond appropriately</li></ul>
---	---	--

**\*\* Please upload this last page to your clinical clearance account\*\***

## **The Florida State University College of Nursing**

**Acknowledgement:**

I have read and fully understand the foregoing Essential Functions/Technical Standards required of nursing students. I understand that if I am unable to fully and promptly perform the Essential Functions/Technical Standards of each of the categories listed above, I may be dismissed from the College of Nursing. I understand that if I have a disability that might limit my ability to fully and promptly perform these Essential Functions/Technical Standards categories, I may contact the following to explore whether disability accommodations may be available to me:

The Florida State University Student Disability Resource Center  
874 Traditions Way  
108 Student Services Building  
Tallahassee, FL 32306-4167  
Phone: 850-644-9566 (voice), 850-644-8504 (TDD for the D/deaf)  
Email: [sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu) URL: <http://www.disabilitycenter.fsu.edu>

The Florida State University College of Nursing  
Undergraduate Coordinator  
98 Varsity Way  
Duxbury Hall  
Tallahassee, FL 32306-4310  
Phone: 850-644-3296  
(Call for Undergraduate Coordinator name and number)

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Last name) (First name) (Middle name)

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month) (Day) (Year)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ATTACHMENT #4

### The Florida State University College of Nursing Physical Examination and Functions Required of Nursing Students

\*\*All Florida State University College of Nursing students must have a complete physical examination and have an appropriate healthcare provider complete and sign this form upon admission to the program.

Student Name: \_\_\_\_\_  
(Last name) (First name) (Middle name)

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month) (Day) (Year)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

<sup>1</sup>Measured with regards to reasonable accommodations

ESSENTIAL FUNCTIONS	TECHNICAL STANDARDS <sup>1</sup>	EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL-INCLUSIVE)
<b>Cognitive Ability and Critical Thinking</b>	Alertness, cognitive ability and critical thinking skills to collect, analyze and integrate information and knowledge to make clinical judgment and management decisions that promote client outcomes	Examples of relevant activities include, but are not limited to: Appropriate thought process, recall and reasoning
<b>Interpersonal and Communication Abilities</b>	Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural, spiritual and intellectual backgrounds Communication abilities sufficient for verbal and written interaction with others	Examples of relevant activities include, but are not limited to: Ability to communicate effectively by: speaking clearly, reading and understanding English, and writing clearly.
<b>Strength, Mobility, and Physical Endurance</b>	Ability to perform gross and fine motor movements required to provide comprehensive nursing care Expected to have the physical strength and stamina to perform satisfactorily in clinical nursing experiences Physical abilities sufficient for movement from room to room and in small spaces	Examples of relevant activities include, but are not limited to: Ability to move a client, performing CPR, working a shift providing continuous care for 4-12 hours, responding to an emergency situation, moving around a client's room and maneuvering in small areas.

<b>Motor Skills</b>	<p>Psychomotor ability necessary to perform or assist with procedures, treatments, administration of medications and emergency interventions</p> <p>Sit, walk and stand without an assistive device on a daily basis whether in a classroom, clinical or volunteer setting (on-campus clinical simulation laboratory or off-campus clinical client care areas)</p>	<p>Examples of relevant activities include, but are not limited to:</p> <p>Ability to stand and/or sit for long periods of time; walking without the use of a cane, walker, cast, walking boots or crutches. Arms must be free of cast and other assistive devices. Be able to bend, squat, reach, kneel, balance, and move all extremities quickly. Carry and lift loads from the floor, lifting loads 12 inches from the floor to shoulder height and overhead. Occasionally lifting 50 pounds, frequently lifting 25 pounds, and regularly lifting 10 pounds.</p>
<b>Auditory, Olfactory, Visual and Tactile Senses</b>	<p>Must have auditory, olfactory, visual and tactile acuity skills sufficient to monitor, assess, and respond to the clients health care needs</p>	<p>Examples of relevant and necessary sensory skills include, but are not limited to:</p> <p>Sufficient use of tactile, auditory, visual, and olfactory senses to provide client care and make appropriate assessments.</p>

I hereby certify that the above named student has been examined by me on\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_and is found to be in good physical and mental health, is free of communicable diseases and appears t be able to undertake all aspects of the nursing education program at Florida State University, including the essential functions required of nursing students.

\_\_\_\_\_  
(Healthcare Provider Signature (MD, DO, ARNP) (Date)

\_\_\_\_\_  
(Print name and title)

\_\_\_\_\_  
(Provider License #) (State licensed)

**\*\* Please upload the entire Attachment #4 document to your clinical clearance account\*\***

# ATTACHMENT #5

**\*\* Please upload this entire document to your clinical clearance account\*\***



## AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:

*I am an applicant for employment as a caretaker (or similar position requiring level 2 screening under Chapter 435, Florida Statutes), or I am currently employed as a caretaker with:*

By signing this form, I am swearing or affirming that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

### Relating to:

Sections: 393.135	relating to sexual misconduct with certain developmentally disabled clients
394.4593	relating to sexual misconduct with certain mental Health patients
415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults
741.30	domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
782.04	murder
782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
782.071	vehicular homicide
782.09	killing an unborn child by injury to the mother
784.011	assault, if the victim of offense was a minor
784.021	aggravated assault
784.03	battery, if the victim of offense was a minor
784.045	aggravated battery
784.075	battery on a detention or commitment facility staff
787.01	kidnapping
787.02	false imprisonment
787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
794.011	sexual battery
794.041	prohibited acts of persons in familial or custodial authority (former)
Chapter: 796	prostitution
Section: 798.02	lewd and lascivious behavior
Chapter: 800	lewdness and indecent exposure
Section: 806.01	arson
Chapter: 812	felony theft and/or robbery and related crimes, if a felony
Sections: 817.563	fraudulent sale of controlled substances, if the offense was a felony
825.102	abuse, aggravated abuse, or neglect of disabled adults or elderly persons
825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
826.04	incest
827.03	child abuse, aggravated child abuse, or neglect of a child

**CONTINUED ON NEXT PAGE**

	827.04	contributing to the delinquency or dependency of a child
	82705	negligent treatment of children
	827071	sexual performance by a child
	84301	resisting arrest with violence
	843025	depriving an officer means of protection or communication
	843.12	aiding in an escape
	843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter	847	obscene literature
Section	874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter	893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.0175	relating to sexual misconduct with certain forensic clients
	944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.46	harboring, concealing, or aiding an escaped prisoner
	944.47	introduction of contraband into a correctional facility
	985.4045	sexual misconduct in juvenile Justice programs
	985.4046	contraband introduced into detention facilities

---

**ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:**

---

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Signature of Affiant

*OR*

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Signature of Affiant

*OR*

*for teachers and non-instructional personnel in lieu of fingerprint submission:*

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Signature of Affiant

*OR*

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by