



**Healthworks**  
125 Nationwide Drive  
Lynchburg, Virginia 24502  
Phone: (434) 200-6939  
Fax: (434) 200-6934

## **Certificate of Health Short Term Observation Education Experience**

I certify that I do not have any health problems that may pose a risk to hospital patients or staff. I am free from contagious or infectious disease, do not have any symptoms of illness and am feeling well.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Required-Used for record keeping and compliance tracking purposes only)

Parental Signature: \_\_\_\_\_  
(If under age 18)

Centra Site/Campus: \_\_\_\_\_

Centra Preceptor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**You must provide a record of a TB Skin Test (TST) that has been administered and read within the last 12 months and remain current during your observation time at Centra.**

**Please Attach TB Skin Test Results Here**

**From October 1- April 30 Proof of Current Flu Vaccine for this season is Required.**

**Please Attach Proof of Flu Vaccine Here**

Thank you,

HealthWorks Employee Outreach



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TB Test Results have been reviewed and accepted.      Yes \_\_\_      No \_\_\_

Proof of Flu Vaccine has been reviewed and accepted.      Yes \_\_\_      No \_\_\_

**\*\*If “No” is marked for any of the above, you will be contacted to update the record. The student needs to fax or scan and email updated test results to Brittney Aagaard to be cleared for shadowing: 434-455-2703/[brittney.aagaard@centrahealth.com](mailto:brittney.aagaard@centrahealth.com)**

Nurse Signature: \_\_\_\_\_

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

Short term observation is defined as twenty (20) hours or less.