CENTRA
Office of Medical Education
& Student Affairs

Centra Student Demographic Form	
Full Legal Name	_____ (Last Name) (First Name) (Middle Name)
Preferred Name	
Date of Birth	
Last four numbers of SSN	
Email Address	
Phone Number	
Home Address (street, city, state, zip)	
Emergency Contact Name & Relationship	
Emergency Contact Phone & Email	
Are you a Centra Employee? **Would you like to use your employee photo for the student badge?**	Yes ☐ No ☐ If yes, *Attestation Form for Centra Employees Completing Student Internships or Clinical Rotations,* found on page 11, is required. If no, do not complete this attestation form. _____ Yes ☐ No ☐ N/A ☐ Please refer to page 2 for instructions if you are submitting a new photo.
Location of Internship/Educational Placement	**Centra Lynchburg General Hospital**
Name of Centra Preceptor	**Alex Sayer**
Start Date of Internship/Educational Placement	**January 6th 2027(each Wednesday morning)**
End Date of Internship/Educational Placement	**April 21st 2027**
College/University/School	**STEM Academy internship**
Major/Program of Study	**Medical Internship**
How many hours are required for the internship or educational placement?	**Hours will be conducted during Spring semester.**
Please list your weekday availability and times to complete a fit test appointment. ***Onboarding team will notify you if this is a requirement for your internship/educational placement.**	N/A

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Parental Permission Form for Students Under 18 Years of Age

I have read and understand the Rules and Policies pertaining to Students or Observers at Centra, and I grant permission for my child, _____, to participate in a learning experience at Centra. I am aware that the learning experience takes place in a health care environment. I understand that participation is purely voluntary.

I acknowledge and understand that being in a health care environment has inherent risks. With knowledge of these risks, I hereby: (1) waive and release Centra and its employees/agents from all liability and claims arising from any damages, injury, or harm (including property loss/damage) in connection with my child's learning experience at Centra; and (2) agree to indemnify and hold harmless Centra and its employees/agents from any claims arising from the learning experience at Centra which (i) I or my child might make, (ii) might be made on my behalf or my child's behalf by others, or (iii) might be made against me or my child by others.

I understand that I am responsible for ensuring that my child behaves appropriately during this learning experience at Centra. I further understand that, if in the opinion of Centra personnel, my child is not behaving appropriately, I may be asked to and agree to pick up my child early from the experience at my own expense.

Parent/Guardian (print)_____ Relationship_____

Parent/Guardian (sign)_____ Date_____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

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Centra Confidentiality Agreement No Computer Access

Centra's policy is that all information is confidential, including, but not limited to patient diagnoses or courses of treatment, physician or other professional activities, Centra procedures, employee information, or financial and operating statistics. This policy applies whether the information is obtained through verbal, written, or electronic means. Information is to be accessed only on a "need to know" basis. The term "need to know" means the access, use, or sharing of the information is essential to fulfillment of the recipient's assigned activities at Centra.

By my signature, I acknowledge that I have read the Confidentiality Policy, and I understand the content and importance of this and other policies. I accept the responsibility that is placed on me as a student at Centra to comply with these obligations and agree to abide by all applicable policies and procedures of Centra. I understand that violating Centra's policies and procedures could result in disciplinary action, or in a violation of applicable law, and that I will be responsible for, and agree to indemnify Centra against, any damages resulting from such violation. I understand and agree that my obligation to maintain the confidentiality and security of Centra information shall continue after my relationship with Centra ends. I will contact Corporate Compliance if I have questions about policies or request a paper copy of policies.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

Centra Professional Appearance Acknowledgement

PURPOSE: To establish a standard for personal appearance and grooming that promotes cleanliness, safety, professionalism, and the confidence of patients, visitors and all others with whom we come in contact at work.

1. Hair/Headwear
    a. Hair, beards, and mustaches must be trimmed, neat and clean. Hair should be pulled back or restrained as appropriate to safety in the work area by anyone who provides direct patient care, works with food, or handles sterile equipment.
    b. No hats, bandanas, sweat bands, or head gear may be worn, unless required for medical, safety, religious reasons, or as part of a uniform.
2. Accessories (Jewelry, Buttons, Stickers)
    a. Accessories (e.g., necklaces, bracelets, earrings, buttons, pins, stickers) must comply with the Infection Prevention Hand Hygiene Policy.
    b. Accessories must be appropriate in nature and not cover the ID badge.
    c. Students are encouraged to limit the use of jewelry or other ornamentation and to ensure that the jewelry does not pose a potential hazard to themselves, patients and other employees from both an infection prevention and a health and safety perspective. Students who are required to wear jewelry for religious reasons may do so provided that they do not impact health and safety or infection prevention principles of effective hand washing.
3. Tattoos, Body Art, and Piercings
    a. Workforce members and students who have a visible tattoo, body art, or piercing that could reasonably be considered degrading, offensive, or demeaning to patients, family members, coworkers, or management, based on racial, sexual, religious, ethnic, or other legally protected characteristics, must have it covered at all times while on Centra property. Out of respect for our patients, if a patient complains about a tattoo, body art, or piercing while they are being cared for, workforce members must cover the tattoo, body art, or piercing to the extent possible.
4. Nails
    a. Nail length and polish should be in good condition. Clinical workers must adhere to Infection Control policies regarding nail length and artificial nails.
5. Fragrances
    a. Out of consideration for patients, visitors and staff who may have sensitivities to fragrances, employees and students must refrain from wearing the following: perfume, cologne, after shave, scented lotions, scented hairspray, personal care scented fragrances, cigarette smoke odor, or controllable body odor.
    b. Students who use tobacco products must take measures to eliminate smoke odor from clothing, skin, and breath.
6. Clothing
    a. Clothes should fit properly and not be so tight or so baggy as to detract from professional appearance. Sweat suits and sweatshirts/hoodies of any style or material are not considered professional business attire and are not permitted.

b. Shirts must be well-maintained and have no inappropriate, political or offensive wording or pictures. It is not permissible to wear shirts that have plunging necklines, are see-through, or ride up to expose back or midriff when arms are extended.
c. Undergarments must always be concealed and worn.
d. Lingerie straps, spaghetti straps, cut-off sleeves, and racer back tops are not permitted.
e. Pants, dresses and skirts must fit, look professional and provide adequate coverage. Shorts of any type are not considered professional business attire and are not permitted.
f. Shoes must always be worn and should be clean and in good condition. Workforce members conducting business in an area that treats, touches, or interacts with patients must wear closed-toed shoes. Open-toed shoes are acceptable in non-clinical areas.
g. Five finger shoes, flip-flops or slide sandals are not permitted in any area. A flip-flop is defined as a sandal made of any material with a strap between the toes that has no back.
h. Uniforms are acceptable according to specific department dress code policies.
i. Business casual attire encompasses clothing that is comfortable at work, yet appropriate for a business environment. Acceptable attire includes skirts, dresses, capris, slacks, khakis, blouses, turtlenecks, sweaters, golf-shirts, and shirts with a finished collar or neckline.

7. Headphone and Earbuds
    a. Headphones/ear buds are not permitted to be worn by students during their shadowing or internship experience.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

Student Behavior Policies and Rules

By signing below, the student understands that failure to follow the rules and policies of Centra will result in the termination of their learning experience at any Centra facility.

Students must comply with all laws, rules, regulations, and Centra policies and procedures including but not limited to the Centra Code of Conduct, Organizational, and Administrative policies. For purposes of your role as a student at Centra and in addition to the policies mentioned above, the following rules and regulations have been outlined for your review and acknowledgement:

1. **Informed Consent:** Informed consent must be obtained prior to a student being allowed access to a patient to assist in treatment or to observe treatment. It is the Centra sponsor/preceptor's responsibility to obtain this permission. (Informed Consent ORG. 01.01.02)
2. **Confidentiality and HIPAA**: It is the responsibility of all students to protect the confidentiality of patients and families. Any intentional or unintentional breaches of confidentiality through any method of communication, including but not limited to oral, written or electronic methods will be held to the same sanctions as employees. (Confidentiality of Patient Information, Responsibility to Protect Information and Patient's Right to Access Information ORG.05.01.01)
3. **Direct Patient Care Restrictions**: The student will not participate in any hands-on or direct patient care activities unless supervised by licensed staff through a formal internship program with an accredited school or university. **Individuals shadowing or observing may not participate in any direct patient care activities under any circumstances**. (Students, Instructors and Observers ORG.03.01.27)
4. **Ethics and Patient Rights and Responsibilities:** All students are expected to treat patients with dignity and respect patients without regard to age, physical or mental disability, ethnicity, culture, language, socioeconomic status, race, color, creed, religion, national origin, sex, sexual orientation, or gender identity or expression (Code of Conduct and Business Ethics ORG.10.01.05)
5. **Solicitation:** Centra prohibits the solicitation, distribution, emailing and posting of materials on or at Centra property, including computers and other technology equipment, except as permitted by policy. (Solicitation ADM.03.01.16)
6. **Religious Solicitation:** Centra is a non-religious organization committed to ensuring a culture of professionalism. Centra workforce members and students may not engage in religious solicitation of patients and their families. Unsolicited visitation of patients and family members by clergy of any faith group, religious organizations, or sects is not permitted for any purpose unless specifically requested by the patient or family member. (Solicitation ADM 03.01.16)
7. **Professional Boundaries**: Fraternization between preceptors and students is strictly prohibited. (Professional Boundaries 03.01.32)
8. **Identification Badges:** All students are issued Centra ID badges and are required to wear them at all times while fulfilling the hour requirements for an internship or clinical experience within any Centra facility. Badges are to be returned to Security or to the student's preceptor at the end of the internship or clinical experience. Any individual

shadowing for a short-term observational only experience is to wear a student ID badge from their respective school or a visitor badge which can be obtained through Guest Services. (Identification Badges ORG 03.03.10)

9. **The following actions are not permitted at Centra** (Code of Conduct and Business Ethics ORG.10.01.05)**:**

- Acceptance of money (any amount) or gifts of any kind of greater than nominal value ($50) from patients, families, vendors, or other work-related parties is not allowed.
- Being under the influence or possessing drugs or alcohol.
- Deliberate destruction or misuse of property.
- Fighting or other disorderly conduct.
- Insubordination or failure to carry out supervisor instructions.
- Leaving work area without permission.
- Theft, fraud, or misappropriation of property.
- Threatening, intimidating or coercing others by words or deeds, or use of vile or abusive language.
- Unauthorized accessing, discussions, and/or release of confidential information concerning patients or employees.
- Abuse or inconsiderate treatment of patients.
- Gambling.
- Possession of weapons

Complete copies of all policies referenced above are available from Corporate Compliance

Liability Insurance Requirements for Students with Hands-On Clinical Experience

All students from outside schools or programs are responsible for providing their own malpractice liability insurance if the school or program does not provide the amount of insurance required by Centra. Centra assumes no responsibility for malpractice liability insurance coverage for students from outside schools or programs. Centra Corporate Compliance or Risk Management must approve ANY exception to this policy.

Student (print) _____

Student (sign)_____ Date _____

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Student Screening Attestation

I, _____ (the "Student") am a student at the STEM Academy

[Insert Name of the Student]

that is participating in a clinical learning experience at a facility owned or operated by the Centra System. The student does hereby attest and certify that the following is true any time they come on-site to a facility owned or operated by the Centra System as part of their clinical learning experience:

The student will not come on-site to a Centra System Facility if he/she has any of the following symptoms:

- Cough
- Shortness of breath
- Fever (greater or equal to 100.4°F)
- Recent loss of taste or smell
- Body aches or tiredness
- Stomach upset such as nausea, vomiting, or diarrhea

The student will practice appropriate social distancing, in accordance with current Centra System guidelines, while inside a Centra System Facility.

The student will wash or sanitize hands upon entry into a Centra System Facility and frequently thereafter.

This is a continuing Attestation which shall remain in effect so long as the student comes on-site to Centra System facilities.

Student (print) _____

Student (sign)_____ Date _____

Typing your name on the line above constitutes an electronic signature under Virginia Code Ann. Sec. 59.1-485.

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Acknowledgment of Risk

We are pleased to have you participate in shadowing/interning experiences on our campuses and clinics owned or operated by Centra Health, Inc. and its affiliates and subsidiaries (collectively referred to herein as the "Centra System") in the coming weeks. The safety of our patients, staff, and students is our highest priority. With safety in mind, we require the following:

1. All individuals in Centra's healthcare environment, including students, are expected to understand and adhere to infection prevention requirements including, but not limited to, hand washing that is frequent and thorough using soap and water or alcohol based hand sanitizers, use of appropriate personal protective equipment ("PPE") such as face masks, gloves and gowns as directed and social distancing as directed.
2. Students need to practice respiratory hygiene and cough etiquette and should immediately report ANY symptoms of illness (e.g., fever, chills, muscle aches, cough, nasal congestion, shortness of breath, changes in smell or taste, etc.) to their preceptors and/or supervisors, as applicable, leave the premises following that report, and seek medical attention. Students should also report any recent high risk exposures to transmittable diseases such as measles.
3. Students should be aware of potential sources of infection and exercise caution in their environment. They should also observe warning signs on patient rooms indicating isolation precautions and avoid entering such rooms unless specifically authorized and equipped with appropriate PPE.

In addition, please carefully read and sign the Acknowledgment of Risk ("AOR") statement below before beginning your clinical placement or shadowing experience. Only students willing to accept the risks outlined above and who sign an AOR will be placed within the Centra System.

The Centra System is not liable for any exposure to or contraction of infectious diseases that you may encounter as a result of your participation in activities within the Centra System, including, but not limited to, educational/clinical rotations. The Centra System is not liable for any interruptions, postponements, or delays in your academic advancement due to isolation for or treatment of any infectious diseases you may encounter as a result of your participation in activities within the Centra System, including, but not limited to, your educational/clinical rotation. If you have concerns about your educational experience within the Centra System at this time, please contact the Office of Medical Education and Student Affairs.

Student (print) _____

Student (sign)_____ Date _____

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HealthWork

Affiliating Health Record

☐ **Shadow (0005)** ☐ **Intern (0005)** ☐ **Student (0005)** ☐ **Other**

Start Date: **January 6th 2027** End Date: **April 21st 2026**

School/College: **STEM Academy Internship**

Centra Site/Campus: **Centra Lynchburg General Hospital**

Centra Preceptor**: Alex Sayer**

Name: _____

Email Address: _____

Date of Birth: _____

Social Security Number**:** _____
(Required full SSN-Used for record keeping and compliance tracking purposes only)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home or Cell)

Signature: _____

HEALTHWORKS OFFICE USE ONLY- PLEASE ATTACH IMMUNIZATION RECORDS

MMR Vaccination & Booster	**#1**		**#2**			Titer Pending:	☐
Varicella (Chicken Pox) Vaccine	**#1**		**#2**			Titer Pending:	☐
Hepatitis B Vac:	**# 1**		**# 2**		**# 3**	CAT III ☐	Titer Pending: ☐
Influenza Vac:			**Tetanus/Diptheria/Pertussis Vaccine:**				
Last TST Date:			**Result Date:**				
Healthworks Nurse Signature					Date:		

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Dear Student:

Under FERPA (The Family Educational Rights and Privacy Act), you have the right to provide written consent before personally identifiable information is released from your student education record. In this case, we are requesting your written consent to release information about your rotation schedule to other students who will be rotating at the same site.

If you opt to release your information, the following information may be disclosed to other students:

- Your rotation schedule (includes time/location of events)
- The name of the preceptor with whom you will be rotating
- Any changes that may occur to your schedule
- Your email address

Some benefits to authorizing this disclosure include:

- Students may be aware of other students rotating at the same location
- Student could more easily exchange information about rotations
- Students would be able to coordinate travel
- Preceptors could view student schedule as a whole

Please sign below to permit the release of this information to other students.

Student signature: _____ Date: _____

Print name: _____

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Consent To Release Information Through Interviews, Print Media, Photographs, Motion Picture, Video Production, Radio & Television

I,

_____
(print student name)

Address:

_____
(street) (city) (state) (zip)

Telephone:

_____
(area code) (home/cell)

give to Centra, its employees, physicians, volunteers and other people officially working on behalf of Centra, consent and permission for an interview and/or photograph(s), still or film, for purposes of publication in newspapers, magazines or other printed media, or for broadcast by means of video, motion picture, radio, television or internet transmission by Centra or a third party (e.g., newspaper, television). I relieve and agree not to hold Centra liable for the interviewing and photographing, and subsequent publication or broadcasting. I understand that the interviewing and photographing are being carried out with my consent, I hereby confirm that I have the legal authority to make such consent, and I assume full responsibility for my consent.

Witness my signature on the _____ day of _____ , _____
(day) (month) (year)

Student Signature: _____

Parent Name:

_____
(name) (date)

Parent Signature:

_____

Indicate for which facility (please check):

X Centra Lynchburg General Hospital **X** Centra Virginia Baptist Hospital

Other: **Centra Facilities**

Reason Consent Required:

Advertising Student Internships

Any questions about this consent form may be directed to the Communications/Marketing Department at Centra, 2015 Memorial Avenue, Lynchburg, VA 24501 • 434.200.4730