

Clinical Rotation Disclosure Statement

Children's Health System
Substance Abuse/Criminal Background Disclosure Statement for Students participating in a
Clinical Rotation at Children's Hospital

I understand that Children's Health System (CHS) is committed to a safe and drug-free work place and agree to comply with all aspects of their substance abuse and drug/alcohol screening policies.

I understand that if while conducting my clinicals at Children's Health System, I may be required to submit to a drug/alcohol screening or a background check at the sole discretion of CHS. By signing this statement I voluntarily agree to submit to any such testing. I understand that if I engage in substance abuse as defined in Children's policy, or if I violate Children's Health System policies while engaged in any clinical experience, that I may be dismissed from Children's Health System.

As a precursor to doing a Clinical Rotation at CHS, I understand that it is a requirement for students in the Pediatric Pulmonary Center Program with the University of Alabama at Birmingham to provide a true and accurate, signed statement indicating whether I do or do not engage in chemical substance abuse or misuse and whether I am involved in any administrative actions or have prior legal convictions pertaining to the abuse/misuse of alcohol or any other chemical substance; or have prior legal misdemeanor convictions, felony convictions, sexual offender convictions or governmental sanctions. In compliance with this requirement, I hereby verify under penalty of perjury. I (am) (am not) (circle the appropriate response) over the age of 19.

I (am) (am not) (circle the appropriate response) using any chemical substance for any reason other than its intended proper use.

I (am) (am not) (circle the appropriate response) using a chemical substance that is specifically proscribed or prohibited by law or by regulation pursuant to legal authority.

I (am) (am not) (circle the appropriate response) misusing any legally controlled substances or personally using any normally legal chemical substance (e.g. alcohol) in a manner that produces significant impairment or that produces the likelihood of the development of an impairment that would affect my performance at the clinical site.

I (have been) (have not been) (circle the appropriate response) convicted of a crime pertaining to the manufacture, use, possession, sale or other distribution of illegal or legally controlled substances or pertaining to or related to the abuse of alcohol or any other chemical substance.

I (have been) (have not been) (circle the appropriate response) convicted of a misdemeanor crime within the last 7 years. If yes please give date(s) and explanation:

I (have been) (have not been) (circle the appropriate response) convicted of a felony. If yes, please give date(s) and explanation: _____

I (have been) (have not been) (circle the appropriate response) convicted of a sexual offender crime. If yes, please give date(s) and explanation: _____

I (have been) (have not been) (circle the appropriate response) sanctioned by the Office of the Inspector General (OIG). If yes, please give date(s) and explanation: _____

(Additional explanatory information may be provided on the reverse side)

Date: _____

Student Printed Name: _____ Signature: _____

This form will be maintained by UAB and will be provided to CHS upon request. I understand that I am being asked to provide this information to permit my participation in a clinical rotation at CHS. My signature above authorizes the release of this document and any other information reasonably requested by CHS for any legitimate purpose related to my participation in the clinical rotation at CHS.