

NORTHWOOD TECHNICAL COLLEGE  
HEALTH SCIENCES  
STUDENT POLICIES

**STUDENT SAFETY AND ACCOUNTABILITY**

I verify that I have been made aware of hazards as well as potential injuries/illnesses associated with this health program.

Indicate Date

\_\_\_\_\_ Orientation session

\_\_\_\_\_ Handout materials on occupational/classroom hazards

\_\_\_\_\_ Standard Precautions information materials

I am aware of the protective equipment to be used in association with blood and body fluid exposure risks.

I assume full responsibility for complying with school/program and health agency(ies) safety policies, including those specific to standard precautions and exposure to blood and/or body fluids, and follow-up procedures.

I understand that it is my responsibility to report to my supervising instructor any accident, illness and/or injury immediately.

I have been informed of the advisability of receiving a hepatitis vaccine series for my own protection.

\_\_\_\_\_ I have started the vaccine series. Date started \_\_\_\_\_

\_\_\_\_\_ I have completed the vaccine series.

I realize that the costs associated with preliminary tests, vaccinations, diagnostic tests, and treatment associated with illness(es), injury(ies) and blood and/or body fluids exposure will be my responsibility. I release Northwood Technical College and any clinical/fieldwork/practicum/professional practice experience facility at which I train from any responsibility and liability concerning injuries and/or illnesses I may incur as a student of the College, not caused by the gross negligence of the College.

\_\_\_\_\_  
Student Signature (typed signature is acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Original to student's program file

Copy to student

A copy of this statement will be sent to Northwood Technical College Student Services if injury or exposure incident occurs.

5-2023 (Student Safety Accountability Statement – Sign)