

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.

Orientation session \_\_\_\_\_  
enter date attended

I viewed/received materials on occupational/classroom hazards.

I viewed/received 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 college/program and health agency 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 immediately report to my supervising instructor any accident, illness, or injury.

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

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

I have completed the hepatitis B vaccine series.

I realize that the costs associated with preliminary tests, vaccinations, diagnostic tests, and treatment associated with illness, injury, and blood/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 at Northwood Tech, not caused by the gross negligence of Northwood Tech.

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

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

\_\_\_\_\_  
Date

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

Original to student's program file; Copy to student

**HS-03**