

Print Student Name _____ Student ID: N _____

Student Safety Accountability Statement

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

Indicate Date

_____ Basic Bloodborne Pathogen Training in accordance with OSHA standards*

_____ Reviewed materials on occupational/classroom hazards and standard precautions

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

I assume full responsibility for complying with school/program and 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 and clinical site any accident, illness and/or injury immediately.

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

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 Moraine Park Technical College 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's Signature

Date

*Bloodborne Pathogen Training includes: Review of OSHA Standards, Overview of Bloodborne Pathogens, Modes of Transmission, Symptoms of Disease, and Tasks Involved for Exposure Risk, Personal Protective Equipment (PPE), Hepatitis B Vaccination and Process if Exposed.

Print out and sign two copies of this form.

Give one copy to your instructor and save the other for your personal record.

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