INFORMED RISK INSURANCE FORM FOR ALLIED HEALTH STUDENTS

I am aware that in the course of my clinical studies, there is a potential risk for me to be in contact with clients who are either infected with or are carriers of infectious disease such as Hepatitis B, AIDS, herpes, tuberculosis, or other such chronic serious disease processes.

It is for this reason that faculty of all Allied Health programs (such as Nursing, Dental Auxiliaries, Radiology, Radiation, Orthopaedics, Sonography & Paramedic), working in conjunction with outside clinical supervisors, carefully instruct students in the proper techniques of collecting relevant medical data from their clients, recording medical histories and reviewing client records. In addition, they instruct students in state-of-the-art methods of disinfection, sanitization and sterilization to prevent cross contamination from client to client, client to operator, and operator to client. Students are expected to adhere to standard precautions and follow accepted OSHA guidelines while performing all clinical procedures both on campus and at outside clinic affiliations. Before working with clients in clinic, students are advised that they should be vaccinated for the Hepatitis B virus. If students choose not to receive the Hepatitis B vaccine, they must sign a waiver, stating that they take responsibility for their own personal health. **The ultimate responsibility for the prevention of self-contamination from infectious diseases rests solely with the individual student.**

All Allied Health students are required to carry appropriate health insurance coverage. All students must be aware of what their individual insurance coverage provides (particularly in the event of an accidental needle stick) while performing their duties in a student capacity. Students are urged to be knowledgeable as to their insurance coverage to ensure that their potential needs will be met.

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By my signature on this document, I verify that I have read and understand the above information and I agree to provide Health Services personnel with information regarding any changes of my health insurance coverage or provider.

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Print Name Date

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Student Signature

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Parent (If Student under age 18)

Proof of Insurance and BLS for Healthcare Provider CPR

Please be sure to attach:

1. a copy of your insurance card, and
2. a copy of your BLS for Healthcare Provider CPR card.

If you have questions about whether your CPR card meets our requirements, contact us: nhtihealthservices@ccsnh.edu or 603.230.4043.