

## COLORADO NURSES AIDE SCHOOL

### STATEMENTS REGARDING HEALTH AND SAFETY

Student Name: \_\_\_\_\_

1. I agree to submit to alcohol/drug testing at my expense if requested by my clinical instructor for suspicion of being under the influence of alcohol or drugs in the clinical setting. I understand that failure to do so will result in disciplinary action.
2. I have been given information regarding hepatitis B and Hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have the right to waive this testing for personal reason.
3. I have personal health insurance coverage with the following company:  
\_\_\_\_\_, or

*I do not have personal health insurance coverage at this time, and understand that I am liable for costs of any treatments given as a result of any accident/injury at the Colorado Nurses Aide School or clinical facility.*

4. My health history shall be in the custody of the Colorado Nurses Aide School:
  - a) *I shall submit the Lab tests (TB, Hepatitis) if required by the clinical affiliate;*
  - b) *I shall submit x-ray report if my TB test was positive;*
  - c) *My health history and results of required tests may be released to any clinical affiliate to which may be assigned.*
5. I understand the clinical portion of the program is a vital component of the program. If I have been denied access to the clinical area related to a criminal record or have positive drug screen, I understand I will be unable to complete the Program.

### Skills & Practical Experience Subject Release Form

I, \_\_\_\_\_ (student name) give my permission to be the lab skills and practical experience subject for the Colorado Nurses Aide School Program. I understand that if, while being an actor/practice object, questionable appearances (such as abnormal Vital Signs, weight, pain, discomfort, etc) are noted by the instructors, I will seek my own medical attention and advice as suggested by the Nurse Aide instructor. I further release Colorado Nurses Aide School of any responsibilities for any and all physical or mental conditions, which may be believed to have resulted from any practical sessions, where I was utilized as an exam subject.

I further agree to monitor the time I was examined and to complete accurate time reporting sheets as directed by the CNA instructor(s) if applicable.

***I verify that I have read and understand the items above.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

