

COLLEGE OF SOUTHERN NEVADA
DECLARATION of RESPONSIBILITIES

Health Sciences Student

As required by my program of study, I _____ hereby state, represent, and agree to the following:

1. Physical Examination: I agree to obtain a physical examination within one year prior to entering into the Training Experience at a facility and to provide proof of the following:
 - a. Drug screen: Negative results to a 10-panel drug screen.
 - b. Tuberculosis: Proof of non-infectivity with pulmonary tuberculosis by completing either (1), (2), or (3)
 - (1) Two-step TB skin test (TST) for students with no history of positive TST or who have not been tested in the last 365 days.
 - (2) One-step TST test for students with proof of a negative TST within the past 365 days.
 - (3) Negative chest x-ray for students with proof of past positive TST.
 - c. Measles (rubeola): documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - d. Mumps: documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - e. Rubella: documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - f. Chicken pox (varicella): documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
 - g. Hepatitis B: documented receipt of three doses, or serological evidence of immunity, or statement of religious or medical refusal.
 - h. Tetanus and diphtheria: documented inoculation within ten (10) years
 - i. Communicable diseases: Certification from a licensed physician that I am free of any casually transmitted communicable disease in a contagious state.
2. Background check: I agree to obtain, at my own cost a criminal background check to include, minimally an outstanding warrants search, statewide criminal search, fingerprinting (required by law in Nevada and Arizona), a Department of Motor Vehicle Records search, and civil and criminal public filings for the State of Nevada (hereinafter collectively referred to as the "Background Information"). I agree to provide the Facility with the Background Information for the Facility's review prior to my acceptance by the Facility.
3. Policies, procedures, regulations: I agree to conform to all applicable Facility policies, procedures, and regulations, and such other requirements and restrictions as may be mutually specified and agreed upon the Facility Designated Representative and School.
4. Personal support: I understand and agree that I am responsible for my own support, maintenance and living quarters while participating in the Training Experience and that I am responsible for my own transportation to and from the Facility.
5. Medical care: I understand and agree that I am responsible for my own medical care needs. I understand that Facility will provide access to emergency medical services should the need arise while I am participating in the Training Experience. However, I understand and agree that I am fully responsible for all costs related to general medical or emergency care, and that Facility shall assume no cost or financial liability for providing such care.

6. Training: I acknowledge that I have received training in blood and body fluid standard precautions consistent with the guidelines published by the U.S. Centers for Disease Control and Prevention. Documentation of such training shall be provided prior to beginning my Internship Program.
7. Academic credit: I acknowledge that I will receive academic credit for the Training Experience provided at Facility and that I will not be considered an employee of Facility or School, nor shall I receive compensation from either the Facility or School. I further acknowledge that I am neither eligible for nor entitled to workers' compensation benefits under Facility's or School's coverage based upon my participation in Program. I further acknowledge that I will not be provided any benefit plans, health insurance coverage, or medical care based upon my participation in this Program.
8. Right to participate: I understand that Facility may suspend my right to participate in the Training Experience, if, in its sole judgment and discretion, my conduct or attitude threatens the health, safety or welfare of any patients, invitees, or employees at Facility or the confidentiality of any information relating to such persons, either as individuals or collectively. I further understand that this action shall be taken by facility only on a temporary basis until after consultation with School. The consultation shall include an attempt to resolve the suspension, but the final decision regarding my continued participation in the Program at Facility is vested in Facility.
9. Discrimination: I agree to comply with discrimination regulations and shall not discriminate against any person because of race, color, religion, sex, marital status, sexual orientation, national origin, age, physical handicap, or medical condition as provided by law.
10. Suspension of use: I further understand that Facility has the right to suspend use of their facilities in connection with this Training Experience should their facilities be partially damaged or destroyed and such damage is sufficient to render the facilities untenable or unusable for their purpose while not entirely or substantially destroyed.
11. Confidentiality: I recognize that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any healthcare professionals are considered privileged and should be treated with utmost confidentiality. I further understand that if it is determined that a break in confidentiality has occurred as result of my action, I can be held liable for damages that result from such a breach.

I have read the foregoing information and I understand and agree to the terms therein. I recognize that as consideration for agreeing to said terms Facility will permit me to participate in the Training Experience at Facility.

Student Signature

Date

PRINT Student Name

Student ID Number (C####)

Copy to: program director