

Healthcare Student Waiver and Release of Liability

Every student must complete this form prior to their arrival at Regional Medical Center or any of its associated clinics.

I, _____ verify that I am a student
at/employed by _____.

Please verify that each of the criteria below has been met and initial:

_____ I have had a negative TB test in the last four (4) years. Approximate date of test is _____

or

_____ I currently work in a health care institution located in an area of low incidence of tuberculosis, and had 2 negative TB tests upon hire at my current health care institution. Additionally, I have not been exposed to any TB patients to my knowledge. _____ *

_____ I have received the Measles, Mumps, and Rubella (MMR) vaccinations (2 doses.)

_____ I have received the Varicella vaccination (or have already had chicken pox) (2 doses).

_____ I have received the influenza vaccination for the current season, if applicable.

Date of vaccination is _____.

(Strongly Recommended during the active flu season, as defined by the Infection Prevention Committee)

_____ I have declined the influenza vaccination for the following reason:

_____ Medical Contraindications

_____ Other

I, in consideration of being permitted to attend Regional Medical Center and/or one of its associated clinics in an educational capacity, do hereby indemnify and hold harmless Regional Medical Center (including its employees and agents collectively) from and against any and all manner of fines, claims, demands, suits, damages and causes of action (including attorney's fees and reasonable costs) arising from or incident to my willful acts or omission.

Healthcare Student Signature

Date