

Informed Consent Acknowledgement

I understand that the use of universal precautions is essential to protect myself, my significant others, my family members, patients/clients, and other health care workers from communicable disease. I understand that nursing involves the study and care of people throughout the lifespan and that these people may be at any point along the wellness/illness continuum. By participating in caregiving activities, I understand that I may be exposed to communicable diseases, including Hepatitis B (HBV), Tuberculosis (TB), and Human Immunodeficiency Virus (HIV). I understand that HIV is a virus that causes Acquired Immunodeficiency Syndrome (AIDS). I also understand that there is no known cure for AIDS at this time.

It is understood that testing, diagnosis and treatment of any communicable disease, including those that I may contract while acting as caregiver in my clinical experiences with the Nursing Program, will be paid at my own expense. The Nursing program recommends that I obtain HBV vaccine prior to beginning my clinical experience. If I refuse to be immunized, I agree to sign a statement documenting my refusal and releasing Governors State University from liability. Furthermore, I agree to comply with the required immunization and antibody/antigen protocol as stated on the Student Immunization form and listed in the student handbook of the nursing program.

SIGNATURE OF STUDENT

DATE

Potential Disease Exposure Acknowledgement

I understand and agree that I cannot, as a Governor's State University nursing student, ethically refuse to care for patients/clients with HIV, HBV, TB or any other communicable disease. If I am unwilling to care for patients with communicable diseases, I understand that I may be terminated from the nursing program.

I understand that the Nursing Program recommends that I inform my instructors of changes in my health status, such as pregnancy or contraction of a communicable disease. I have been informed and I understand that an altered state of my health, such as being HIV positive, may increase my health risk in relation to caregiving activities for patients with bacterial and viral disease. I have also been informed that some vaccinations are contraindicated or have decreased effectiveness in immunosuppressed conditions. Therefore, I agree to seek medical advice for changes in my health status, such as those previously discussed in this paragraph.



I have read the above information and have full understanding of the learning opportunities, risks and safeguards provided by the Governors State University nursing program. I recognize the need to care for persons with communicable diseases. I understand and agree that I cannot ethically and morally refuse to care for patients/clients with HIV, HBV, TB or any other communicable disease.

Any questions I might have had regarding any topic addressed in this document, including attachments, have been answered to my satisfaction. I acknowledge that I have read this document in its entirety. I consent to follow the policies and procedures as explained therein.

SIGNATURE OF STUDENT

DATE

Universal Precautions Training Acknowledgement

I have been informed of the Governors State University Nursing Department policy regarding the use of universal precautions in the clinical setting. I have previously received training in the use of universal precautions. By signing this acknowledgment, I am accepting the responsibility to follow universal precautions in the clinical setting.

SIGNATURE OF STUDENT

DATE

Student Handbook Acknowledgement

I will download the Nursing Program Handbook and health forms and acknowledge that I am responsible for knowing and applying said policies and procedures.

SIGNATURE OF STUDENT

DATE

