



Statement of Informed Consent

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

PRINTED NAME

SOCIAL SECURITY NUMBER