



Potential Disease Exposure Form

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

PRINTED NAME

SOCIAL SECURITY NUMBER