

**WISCONSIN INDIANHEAD TECHNICAL COLLEGE  
HEALTH OCCUPATIONS PROGRAMS  
STUDENT SAFETY ACCOUNTABILITY STATEMENT**

I verify that I have been made aware of hazards as well as potential injuries/illnesses associated with this health program.

Indicate Date

\_\_\_\_\_ Orientation session

\_\_\_\_\_ Handout materials on occupational/classroom hazards

\_\_\_\_\_ Standard Precautions information materials

I am aware of the protective equipment to be used in association with blood and body fluid exposure risks.

I assume full responsibility for complying with school/program and health agency(ies) safety policies, including those specific to standard precautions and exposure to blood and/or body fluids, and follow-up procedures.

I understand that it is my responsibility to report to my supervising instructor any accident, illness and/or injury immediately.

I have been informed of the advisability of receiving a hepatitis vaccine series, such as Recombivac, for my own protection. This is my decision to make.

\_\_\_\_\_ I chose to have the vaccine series. Date started \_\_\_\_\_

\_\_\_\_\_ I decided not to receive the vaccine at this time.

I realize that the costs associated with preliminary tests, vaccinations, diagnostic tests and treatment associated with illness(es), injury(ies) and blood and/or body fluids exposure will be my responsibility. I release Wisconsin Indianhead Technical College and any clinical facility at which I train from any responsibility and liability concerning injuries and/or illnesses I may incur as a student of the College, not caused by the gross negligence of the College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Title

Original to student's program file  
Copy to student

A copy of this statement will be sent to Wisconsin Indianhead Technical College Student Services if injury or exposure incident occurs.