



Nursing Education Program

The Peninsula's Community College

Communicable Disease Statement

Upon enrollment in one or more of the Nursing Education Programs/Courses, I have been informed and am fully aware of the risks for exposure to blood and body fluids and the potential for transmission of bloodborne and other potentially infectious material and/or disease prior to, during and following patient care activities. Understanding my risks, I agree to treat all patients as assigned to me, regardless of disease state of the patient. If I refuse to treat any patient, I realize that my academic success and/or my ability to continue as a student within the Nursing Education Program may be affected by my decisions.

Student ID Number _____

Student Printed Name _____ Date _____

Student Signature _____ Date _____

Witness Signature _____ Date _____

Witness Printed Name _____ Date _____

Parent or Legal Guardian if Student is a Minor:

Printed Name _____

Date _____

Signature _____ Relationship to Student _____