

Statement of Informed Consent

Student Name: _____

PUC ID#: _____

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 diseases. I understand that nursing involves the study and care of people throughout the life span 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 the virus which 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 which I may contract while acting as a caregiver in my clinical experiences with the School of Nursing, will be paid at my own expense, except as otherwise stated in the Purdue University Calumet School of Nursing Policies Regarding Communicable Diseases.

The School of Nursing recommends that I obtain HBV vaccine prior to beginning my clinical experience as a nursing student. If I refuse to be immunized, I agree to sign a statement documenting my refusal and releasing the Purdue University Calumet School of Nursing, Purdue University Calumet, and Purdue University, from liability. Furthermore, I agree to comply with the required immunization and antibody/ antigen protocol of the School of Nursing as follows:

1. **Rubella Vaccination (German, 3-day measles).** Vaccination is required unless proof of immunity is available, (i.e., documented rubella vaccination on or after the first birthday or a positive serologic test) or unless the vaccine is specifically contraindicated.
2. **Rubeola Vaccination (7 day, hard measles).** If born in 1956 or earlier not required. If born in 1957 or later, documentation of two doses of vaccine on or after first birthday; second dose must be a **minimum** of 30 days after the first dose or a titer is required.
3. **Tetanus immunization.** Current booster must have been within last 10 years, unless there is evidence of hypersensitivity.
4. **Diphtheria immunization.** Current booster must have been within last 10 years, unless there is evidence of hypersensitivity.
5. **Polio immunization.**
6. **Mantoux (P.P.D. intracutaneous).** Annual Mantoux. If skin test is positive, an annual chest X-ray is required.
7. **Hepatitis B.** Recommended unless proof of immunity is documented or waiver is filed with School of Nursing.
8. **Varicella.** Mandatory.

Signature of Student

Date

Printed Name

PUC ID #

Signature of Witness

Date

(Must be signed before submitting to office.)