

Universal Precautions Policy and Instruction Acknowledgment

Student Name: _____

PUC ID#: _____

Universal Precautions Policy and Instruction Acknowledgment

Indiana law requires verification of universal precaution training of all students and faculty members who may be exposed to blood and other body fluids in the clinical setting. 410IAC 1-4-6 (1992).

Universal Precautions Training Acknowledgment

I have been informed of the Purdue University Calumet School of Nursing policy regarding the use of universal precautions in the clinical setting. On _____ (date), I received training in the use of universal precautions. By signing this acknowledgment, I am accepting the responsibility to follow universal precautions in the clinical setting.

Signature of Student

Date

Printed Name

PUC ID #

Verification of Student Instruction

Faculty Member's Signature

Date

(Must be signed before submitting to office.)

*Note: Universal Precautions Policy and Instruction Acknowledgment "Verification of Student Instruction" can **only** be signed by the School of Nursing - AT Lab personnel or by another administering agency (such as hospital employer, etc.)*