

Clinical Immunization Acknowledgement

This acknowledgement shall be used when restrictions are noted on a physical examination.

In order to attend clinical at an affiliate of Galen College of Nursing (College), including hospitals, nursing homes, rehabilitative centers, childcare facilities, and community agencies, proof of immunization is required. Certain affiliates may have increased levels of screenings or policy requirements that can represent an issue for an individual who is unable to demonstrate compliance with immunization requirements.

By signing this document, you are acknowledging that you are aware of, and agree to, all of the following:

- That you have reviewed and understand the immunization policies and requirements of the College.
- That you will abide by any restriction(s) as imposed by your physician.
- That you may be restricted or limited in your exposure to patients by the clinical affiliate due to your immunization history.
- That your participation in clinical experiences may put you at increased risk for exposure to, and possible transmission of, vaccine-preventable diseases.
- That you have been informed that your immunization history contains information, which may result in an inability to be placed in current or future clinical settings, based on affiliate policies and rules. Failure to be placed in a clinical may result in failure to meet course requirements, which could result in program dismissal.
- That you are required to inform the College promptly if you are exposed to, suspect you may have contracted, or are diagnosed with any disease that is related to the immunization being waived.
- That you choose to continue your enrollment at the College in light of these risks.

Name (please print): _____

Signature: _____

Date: _____