**TEXAS A&M INTERNATIONAL UNIVERSITY**

**Communication Sciences and Disorders Program**

**Policy: Clinical Waiver**

Purpose: All students entering the communication sciences and disorders program are required to sign the following waiver form. The purpose of this form is to ensure students are aware of the inherent health and safety issues related to health care situations and their need to follow appropriate safety measures. The policy is to be signed at the beginning of each academic year.

**Communication Sciences & Disorders Program**

**Student Waiver**

Please read each statement below. Initial each statement in the space indicated and provide your printed name, signature, and date below.

1.\_\_\_\_I understand that the healthcare profession has inherent health/safety hazards in the health care field, and I may be exposed to infectious diseases through blood, body fluids, secretions or tissues. I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane or skin contact with blood, body fluids, secretions or tissues, or a potential for spills, splashes, or aerosolization of them. Appropriate protection may include the use of gloves, gowns, masks, face shields, eye protection and other protective equipment. I understand that if I fail to use available personal protective equipment, I may be subject to disciplinary action.

2.\_\_\_\_I have been informed regarding the inherent health/safety hazards in the health care field and release Texas A&M International University from any liability for such hazards.

3.\_\_\_\_I will complete all educational training modules as required by the CSDO program.

4.\_\_\_\_I will observe all safety procedures when working with clients and equipment, whether in class or at the Communication Disorders Center.

6.\_\_\_\_\_ I understand that to attend the clinical portion of the CSDO coursework, immunizations, TB screening, and other laboratory screening will be required prior to entering the CSDO program and must be updated as necessary in order to remain enrolled in the CSDO program. The expense associated with these requirements are the responsibility of the student.

7. \_\_\_\_I will respect the confidentiality of client information regardless of source. I shall not repeat information outside of the classroom, clinical facility, in which any part of the client’s name appears.

8.\_\_\_\_I will protect the property and property rights of the university, facility, clinic, and client. I shall not remove or borrow property without permission and shall not damage or misuse property while in the Communication Disorders Center or classroom/lab.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_