

Clinical Agreement Form

As a student enrolled in an EMS program at Isle of Wight Volunteer Rescue Squad, I agree to the following regarding my conduct at all clinical training sites (please initial next to each numbered statement upon reading and agreeing to each):

- _____ 1. I will have all clinical requirements completed prior to starting any ride time or hospital rotations. This will include a copy of my immunizations and completion of the medical information form as provided. I understand that I am responsible for acquiring all of the required information and for any additional vaccinations that may be required for the course.
- _____ 2. I will complete all clinical orientation classes and requirements by the set due date and prior to submitting any clinical shift requests or starting any clinical shifts.
- _____ 3. I will submit clinical shift requests at least two weeks prior to the clinical shift as stated in the policies and procedures.
- _____ 4. I will present to each clinical rotation in the appropriate uniform as discussed on the first day of class and as stated in the class policies and procedures. I understand that if I fail to dress appropriately I may be asked to leave the clinical site.
- _____ 5. I will be respectful and professional when participating in clinical rotations both at the Sentara Facilities and the City or County EMS/ Fire agency conducting the clinical rotations. I will be respectful to all of the staff members and show professionalism when working with patients and family members. I understand that failure to do so may result in my removal from the shift and possible disciplinary action.
- _____ 6. I will abide by all HIPAA requirements and will ensure that all patient information is kept confidential.
- _____ 7. I will actively participate during the clinical shift and will complete the shift in its entirety.
- _____ 8. I understand that failure to agree to the requirements listed above that I will not be eligible to participate in the clinical rotations. I understand that if any of the above requirements are not met I may be subject to disciplinary action or dismissal from the course.

I, _____, by initialing each above statement and signing below, agree to all of the terms and agreements for clinical rotation.

Printed Name: _____ Date: _____

Signature: _____