

HEALTH RISK ACKNOWLEDGEMENT AND RELEASE OF LIABILITY FOR CLINICAL INSTRUCTION SITES

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Part A: Health Risk Acknowledgment

Assumption of risk: All VTDLP students working in a veterinary facility encounter animals that may cause traumatic injury and/or expose them to infectious agents that cause disease. Students may also be exposed to ionizing radiation (e.g., x-rays), zoonotic diseases, volatile anesthetic gases, and chemical substances which can cause bodily harm. By enrolling in VTDLP courses, students voluntarily accept these risks exist and assume the responsibility to always act safely and responsibly.

Pregnancy: Pregnancy shall be considered a condition for which there are definite health concerns, for which the student needs additional information about these concerns, and for which San Juan College and the clinical preceptor(s) need assurance that the student has received this information from her physician. In the event of pregnancy, the student must provide written assurance to the VTDLP and the clinical preceptors that she has received this information from her physician, understands the risks involved, agrees to take all reasonable precautions, and still desires to continue with her educational program. Due to the inherent risks involved with working with horses, cattle, small ruminants, swine, and the common species of laboratory animals, pregnant students will not be allowed to participate in the Fast Track labs for VETT 233 and VETT 235. The inherent risks include, but are not limited to, physical trauma, long and physically strenuous class hours, and the possible exposure to zoonotic diseases.

Aggressive Animals and Injury: There is an inherent risk in the practice of veterinary medicine, and students should be aware there is always the risk of personal injury. Students should take every precaution when completing clinical tasks or treatments on patients. Students should avoid aggressive or dangerous animals and always be aware of the physical status of the patient, including its Rabies vaccination status.

Bites and scratches may potentially expose individuals to biologic hazards which may be transmitted through saliva, secretions, and/or blood. Preventative measures such as proper restraint, PPE, and pre-exposure vaccination should be taken to avoid unnecessary injuries.

In the event of a bite, scratch, or puncture injury while performing specific required clinical tasks:

- The area should be thoroughly washed and cleansed immediately with soap and water for 15 minutes. Anyone assisting in cleansing the wound should wear gloves at all times.
- The student will be advised/required to seek the services of a physician or qualified medical professional. Students are strongly encouraged to seek an Urgent Care type facility to help ensure the bite, scratch or wound is seen in a timely manner.
- The student must provide written information to their San Juan College VETT online course instructor on the date of the injury, the type of the injury, and what steps have been taken for treatment because of the injury. The instructor will forward this information to the program director for follow up according to San Juan College policies. Any ongoing care, updates, or treatment as a result of the original injury will also need to be reported to the program director.

Tetanus: If a student has never received tetanus immunization, the student should receive such immunizations as advised by his/her physician. If the student has had the initial series, they should consult with their physician as to whether a booster immunization is required.

Rabies Protection:

Exposure risk: Rabies exposure is an occupational hazard for veterinary professionals, and preventive measures are necessary to protect the veterinary team. The level of risk for rabies exposure is dependent upon the geographical location of the Clinical Instruction Site, the type of animals to which the student is exposed, and the degree of contact with animals potentially carrying the rabies virus.

Pre-Exposure Vaccination: Per the AVMA (American Veterinary Medical Association), "Pre-exposure rabies vaccination provides additional protection for at-risk veterinarians, veterinary technicians, and other team members. Vaccination does not replace good preventive measures such as personal protective equipment, and safe procedures for animal and specimen handling.

Pre-exposure rabies vaccinations should be administered according to the current CDC guidelines for Risk Category 3. Titers and boosters should also be maintained as recommended by the CDC. *Failure to complete the recommended series puts and individual at risk of incomplete protection if exposed to rabies.*

Pre-exposure vaccination can be ordered by a **physician** or arranged through **your local or state health department**. Insurance coverage can vary according to the individual policy. Please consult your medical insurance provider for clarification of coverage.

San Juan College Veterinary Technology Distance Learning Program (VTDLP) students are prohibited from handling animals which are unvaccinated or have no known rabies vaccination history. Exceptions can be made if the student has completed the rabies pre-exposure vaccination series and regularly monitors titers.

I have read the above information about the potential health risks involved with my participation in the VTDLP. I understand that San Juan College is not responsible for paying medical bills, costs, or expenses for injuries sustained by me while participating in the VTDLP. I understand that all medical bills, costs, or expenses are my responsibility.

- I am currently covered by health insurance that will cover treatments for potential injuries and illnesses resulting from my participation in the VTDLP.
- I am not presently covered by health insurance. I understand that San Juan College is not responsible for paying medical expenses for injuries sustained by me while participating in the VTDLP.

Part B: Agreement and Release of Liability

By enrolling in the VTDLP, I recognize that I am cognizant of all the dangers inherent in the veterinary medical profession and of the basic safety rules for activities conducted in association with this program.

I further acknowledge that I have familiarized myself with any additional dangers associated with the site that I have chosen to perform my clinical instruction. I acknowledge that my decision to choose this Clinical Instruction Site was not influenced by San Juan College.

I understand that it is not the purpose of San Juan College to serve as guardians of my safety while enrolled in the VTDLP. I further understand and agree that San Juan College or any of their officers, members, agents or employees shall not be held liable in any way for any occurrence which may result in injury, death or other damages to me or my family, heirs, or assigns in connection with my participation in the VTDLP.

In consideration of my enrollment in the VTDLP, I hereby personally assume all risks in connection with them, and I further release and discharge San Juan College and any of their officers, members, agents or employees (the "Released Parties) for any injury or damage, including death, that may befall me while I am enrolled as a student in the VTDLP, including all risks connected therewith, whether foreseen or unforeseen and further to save and hold harmless the Released Parties from any claim by me, or my family, estate, heirs or assigns, arising out of my enrollment and participation in the VTDLP.

I further state that I am of lawful age and legally competent to sign this affirmation and release, and I understand that the terms herein are contractual. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I am aware that this is a release of liability and a contract drawn between myself and San Juan College and any of their officers, members, agents or employees. I have signed this affirmation of my own free will.

I further state that I have read and understood the policy on student professional liability insurance and responsibilities and agree to the terms of that policy.

Student's Name:

Address City State Zip Code

Student Signature

NOTARIZATION REQUIRED
(Must include a visible notary seal or stamp)

State of _____

County of _____

This instrument was acknowledged before me on ___/___/___ by _____.
(print student name here)

Signature of notarial officer
My commission expires: ___/___/___

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