

**STUDENT ACKNOWLEDGEMENT OF
DIVERSITY, UNIVERSAL PRECAUTIONS AND
EMERGENCY CODES TRAINING**

I hereby certify that I have received the Memorial Health Student Affiliations Orientation Booklet and that I have read and understand the regulations outlined.

I hereby certify that I have read and understood the following documents attached to this Orientation booklet:

- Diversity and Cultural Competency packet
- Universal Precautions and Infection Control packet
- Emergency Codes information

I acknowledge that I have had the opportunity to ask any questions about these materials.

Student Signature:

Student Printed Name:

School Name:

Program:

Date Signed: