



HEALTH RISK ACKNOWLEDGEMENT Vet Tech University Mentorship Program

Assumption of risk: All Vet Tech University students working in a veterinary facility encounter animals that may cause traumatic injury and/or expose them to infectious agents that cause disease. They will also be exposed to ionizing radiation (e.g. X-rays), volatile anesthetic gases, and chemical substances which can cause bodily harm. By enrolling in the Vet Tech University mentorship program, students voluntarily accept that these risks exist and assume the responsibility to act safely and responsibly at all times.

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 Vet Tech University and the veterinary mentor(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 Vet Tech University and the veterinary mentor(s) 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 mentorship program.

Rabies: The level of risk for rabies exposure is dependent upon the geographical location of the mentorship hospital site, the type of animals to which the student is exposed, and the degree of contact with animals potentially carrying the rabies virus. The Vet Tech University student should be aware that all students enrolled in the Vet Tech University mentorship program should have either completed the initial rabies pre-exposure vaccination series or sign a waiver of responsibility. The Vet Tech University student is expected to consult with and be advised by his/her physician and appropriate public health authorities regarding rabies immunization.

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.

I have read the above information of the potential health risks involved with my participation in the Vet Tech University mentorship program. I understand that Vet Tech University is not responsible for paying medical bills, costs, or expenses for injuries sustained by me while participating in the Vet Tech University mentorship program. 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 Vet Tech University mentorship program.

____ I am not presently covered by health insurance. I understand that Vet Tech University nor the veterinary mentor(s) is not responsible for paying medical expenses for injuries sustained by me while participating in the Vet Tech University mentorship program.

_____	_____	_____
Printed Name of Student	Signature	Date
_____	_____	_____
Street Address	City, State	Zip
_____	_____	_____
Name of Notary	Signature of Notary	Date