



Purdue University
Veterinary Technology Distance Learning Program

Lynn Hall, Purdue University, West Lafayette, Indiana 47907

HEALTH RISK AND INSURANCE ACKNOWLEDGMENT

Assumption of risk. All VT-DLP students working in a veterinary facility encounter animals which may cause traumatic injury and/or expose them to infectious agents which 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. In enrolling in Clinical Mentorship courses in the Veterinary Technology Distance Learning 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 Purdue University School of Veterinary Medicine, the Clinical Mentorship veterinarian(s) and Clinical Mentorship supervisor 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 School of Veterinary Medicine and the veterinarians and supervisor at the Clinical Mentorship 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.

Rabies. The level of risk for rabies exposure is dependent upon the geographical location of the Clinical Mentorship experience, the type of animals to which the student is exposed, and the degree of contact with animals potentially carrying the rabies virus. The VT-DLP student should be aware that all students enrolled in the Purdue University on-campus Veterinary Technology Program are required to obtain the initial rabies immunization series. The 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 immunization as advised by his/her physician. If the student has had the initial series, but the last booster was received more than 5 years ago, the student should seek advisement from his/her physician regarding receiving a booster immunization.

I have read the information above on potential health risks. I understand that Purdue University is not responsible for paying medical bills for injuries sustained by me while participating in Clinical Mentorships in the Veterinary Technology Distance Learning Program. I understand that medical costs are my responsibility.

_____ I am currently covered by health insurance that will cover treatments for potential injuries and illnesses resulting from involvement in VT-DLP Clinical Mentorships.

_____ I will not be covered by health insurance. I understand that Purdue University is not responsible for paying medical bills for injuries sustained by me while participating in VT-DLP Clinical Mentorships

Name (print): _____

Signature: _____ Date: _____

See next page

Witness printed name:	_____
Witness signature:	_____

**IF THE STUDENT IS A MINOR,
THE PARENT OR GUARDIAN MUST COMPLETE THE INFORMATION BELOW:**

I, _____, as _____ of the above student,
printed name of parent or guardian print "Parent" or "Guardian"

represent to Purdue University that the facts herein concerning my child or ward are true. I have read the information above on potential health risks. I understand that Purdue University is not responsible for paying medical bills for injuries sustained by my child or ward while participating in Clinical Mentorships in the Veterinary Technology Distance Learning Program. I understand that medical costs are my responsibility.

Dated: _____

Signature of Parent or Guardian: _____

This form must be signed and returned to Purdue prior to beginning of the Clinical Mentorship.