

**\*\* This acknowledgement of continued health responsibility can be electronically signed in Magnus\*\***



I understand it is my responsibility throughout the program to keep immunizations and TB skin testing current. I agree to inform my clinical instructor(s) or the Chair of the Department of any health problem that could possibly affect my performance or the welfare of my patients in the clinical area. I understand that this disclosure is necessary to protect my health and well-being, as well as the health and well-being of the patients for whom I may provide care.

I have read the above, foregoing and understand my responsibility to advise of health status.