



## **Universal Precautions Training Acknowledgment**

I have been informed of the Governors State University Nursing Department policy regarding the use of universal precautions in the clinical setting. On \_\_\_\_\_ (date), I received training in the use of universal precautions. By signing this acknowledgment, I am accepting the responsibility to follow universal precautions in the clinical setting.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER