GENERAL ORIENTATION CONFIRMATION FOR STUDENTS
2017

I have received the orientation packet including information related to:

- ST. JOSEPH HOSPITAL MISSION, VISION, AND VALUES
- POLICIES CONCERNING STUDENTS
- CODE OF CONDUCT
- PATIENT RIGHTS AND RESPONSIBILITIES
- CONFIDENTIALITY
- HIPAA
- IT USAGE
- PATIENT SAFETY
- CULTURAL HUMILITY
- INFECTION PREVENTION AND CONTROL
- STAY HEALTHY
- HAZARDOUS CHEMICALS
- HOSPITAL SAFETY
- ELECTRICAL SAFETY
- INSTRUCTIONS FOR USING ID BADGE SAFETY INFORMATION
- BASIC BODY MECHANICS
- LIBRARY RESOURCES
- SJH STUDENT PARKING LOCATION

My signature below indicates that I have completed reading the above. I know that if I have questions or need clarification that I may ask my Clinical Instructor/Preceptor.

Name (Print): ___________________________________________ Date: ________________

Signature: _______________________________________________ Major: __________________

School: _______________________________ Instructor: ____________________________