KENT STATE UNIVERSITY
ATHLETIC TRAINING PROGRAM

Communicable Disease Policy Verification

STUDENT NAME

Students in the Athletic Training Program (ATP) must have on record with the ATP Coordinator proof of protection against communicable diseases before being permitted to engage in clinical activities. This includes the completion of a comprehensive vaccination/communicable disease record and completion of a physical examination that verifies that the athletic training student meets the technical standards of the ATP.

As an Athletic Training Student at Kent State University and having been cleared for physical readiness by the a medical doctor and understand that in the event that I contract any communicable disease, I have the obligation to report such conditions to the ATP Medical Director and/or provide medical documentation to the ATP Medical Director from another physician of my condition. All medical information will be treated confidentially as dictated by HIPAA and FERPA regulations.

I understand that should I contract any communicable disease, I will be removed from clinical exposures by the ATP Program Coordinator and/or Clinical Coordinator until being medically cleared to return to clinical duties associated with the Athletic Training Program. I understand that I am responsible for the financial obligations associated with treating said communicable disease unless contracted in the line of clinical duties associated with the Athletic Training Program.

Students who acquire active communicable disease should not report to clinical assignments due to the risk of spreading the infection. They should, however, contact their clinical instructor and clinical coordinator to inform him or her of the situation. Students with active communicable disease will be required to provide physician documentation allowing them to return to their clinical course.

This policy is in place to protect you – as the athletic training student - and the student-athletes and patients with who you have contact. Failure to notify appropriate medical personnel as defined above regarding a known communicable disease will result in disciplinary action, which may include removal from the athletic training program.

Students must also complete annual training on the handling of blood-borne pathogens and infectious agents as specified by the Occupational and Safety Health Administration and Commission on Accreditation of Athletic Training Education. Students are also responsible for familiarization of policies used at affiliate sites as stated in the handbook.

My signature below indicates that I have read the above policy and agree to comply with this policy during my tenure as an athletic training student within the Kent State University Athletic Training Program. Since this policy affects the safety of others, failure to sign this document will result in removal from the clinical aspects of the ATE and subsequently removal from the program.

Signed: _____________________________ Date: __________

Printed Name: _____________________________

Witness: _____________________________ Date: __________

Printed Name: _____________________________