Student Name:	Clinical Instructor:	Clinical Site:
Dates of Rotation: Start: _	//End/_/	
Please return this co	mnleted form to the school to	he kent in the student file

	Subject	Completed Y/N
1.	Clinical Site Values, Vision, Mission	
2.	Chain of Command	
3.	Location of Rooms Used by Students	
4.	Documentation of Exams	
5	Confidentiality- HIPPA	
6	Location of Supplies: Gowns, Radiation Protection, Crash Cart, Etc.	
7	Fire Electrical, and Chemical Safety	
8	Valuables/Student Materials	
9	Standard Safety Guidelines: Review Body Fluids/ Patient Mobilization/Fall Prevention and other standard precautions	
10	Codes: How to Call a Code in the Facility. Types of Codes	
11	Fire and Weather: Evacuation Procedures	
12	Oriented to at Least one Examination Room	
13	Review of Clinical Standards & Protocols Notes:	
14	Review of Student Expectations: What the Student Expects to Learn, Comps Needed, Etc. Notes:	

Clinical Instructors Signature	Date completed
CILLICAL HISTIACIOLS SIGNATULE	Date completed

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