

Non-Liability /Pregnancy form

To Whom It May Concern:

This is to verify that I (student) _____ have spoken to Patricia Targett, MA, RN, CNA Coordinator, at NVCC, concerning my participation in the Lab/Clinical experience portion of the Certified Nurse Aide Program. In Clinical the student is required to provide care to residents in area nursing facilities.

I understand the risks involved due to my **Pregnancy** and have consulted my Healthcare Provider who has stated that I can participate in the Lab/Clinical experience. He / she has indicated any limitations that I might have (documentation attached / included). **I MUST bring a statement of ANY restrictions/precautions from EACH MD Visit (may use one of these forms).**

I wish to participate in Lab/Clinical, and I acknowledge that Naugatuck Valley Community College and/or the nursing facility to which I am assigned, are **Not Liable** in terms of any injury that might result from my participation.

I understand that in addition to attendance requirements, I must demonstrate the ability to safely and adequately provide care and to meet all Lab/Clinical Objectives in order to successfully complete the Certified Nurse Aide course and receive my Certification. *Naugatuck Valley Community College reserves the right to review individual student situations to determine whether their restrictions will allow them to safely and adequately meet all Lab/Clinical Objectives.*

Student Name (please print) _____

Student Signature _____

Witness to Signature _____ Date _____

Physician's Name _____ Date _____

PHYSICIAN DOCUMENTATION ATTACHED: YES NO

PHYSICIAN STATEMENT(S)

****Please note that any restrictions noted may preclude student from participating in Lab/Clinical experience.****

NO Restrictions Necessary: **(Healthcare Provider please sign)** _____

Restrictions **ARE** Necessary: **(Healthcare Provider please elaborate and sign)**

