



Clinical Education Information and Assumption of Risk

This document reaffirms university-wide policy and clarifies KDHS-wide expectations. Participation in clinical education, including clinical simulations in didactic (classroom) settings, is required by professional accreditation standards for health sciences programs. Participation in such activities, including any placement in a healthcare facility or clinical site (including hospitals, clinics, pharmacies, or other such entities) for the purpose of clinical education entails certain risks, including the risk of exposure to infectious diseases and other personal injuries. Similarly, there exists some level of risk in didactic settings. While every effort will be made to minimize risks to students, staff, and faculty, the elimination of all such risks is beyond the control of the program or university.

ISU does NOT require vaccinations; however, some clinical facilities or sites may require vaccinations and health monitoring for placement in clinical education. **Students are responsible for ensuring compliance with their assigned clinical site's vaccination policies.** If a student is unvaccinated, they must request an accommodation directly from the clinical site, following their exemption request process.

Educational opportunities missed due to lack of vaccination may delay or impede a student's ability to graduate and/or result in additional educational expenses.

I, _____, freely and voluntarily accept the health risks and potential facility requirements described above to complete my clinical educational requirements. **I understand that ISU does not require vaccinations, but some clinical sites may.** I acknowledge that if I choose not to be vaccinated for certain infectious diseases, **I may need to request an accommodation directly from the clinical site, following their exemption request process.**

Initials

- _____ 1. I will not participate in clinical simulations during didactic class experiences or clinical education if I exhibit any signs/symptoms of infection, including but not limited to: runny nose, fever, cough, shortness of breath, head or body aches, sore throat, loss of smell, or nausea/vomiting/diarrhea. If I exhibit any of these signs/symptoms, I will notify the appropriate person(s) within my program or at my clinical site and my designated program contact person for instructions.
- _____ 2. If I am exposed to an infectious disease and NOT up to date on vaccinations, I will immediately notify the appropriate person(s) at my clinical site and my designated program contact person and may be required to quarantine. I understand that required quarantine time will need to be made up to complete program and accreditation requirements.
- _____ 3. I will comply with clinical site policies related to facial covering/glove wearing and handwashing and disinfecting procedures before and after all patient encounters and at other times as specified. I will complete any required infection control or personal protective equipment (PPE) training by my program or the clinical facility.
- _____ 4. I will follow all infection control guidelines, policies, and procedures of the clinical facility, program, and/or university. Such guidelines are subject to change as more information becomes available.
- _____ 5. I recognize the dangers to myself and others of acquiring infectious diseases during didactic and clinical education, including the possibility of health-related consequences of such diseases. I recognize that the CDC provides vaccination recommendations for healthcare workers to decrease the risk of these consequences.
- _____ 6. I have the right to feel safe during didactic and clinical education. I have the ability to talk to my classroom and/or clinical instructor regarding any concerns I may have related to breaches in infection control measures or public health recommendations at any clinical education site.



____ 7. I recognize I have the right not to participate in clinical education because of potential risks to myself and/or members of my household. I recognize that any missed clinical education time due to lack of participation will need to be made up to complete program requirements and may delay my graduation.

____ 8. If I test positive for any infectious disease, I will notify my program's clinical coordinator and follow their instructions.

____ 9. I will follow all ISU or health facility-related screening requirements.

10. Vaccination status. Please initial the following and provide dates if applicable:

____ I have been fully vaccinated* for the following, based on CDC recommendations for healthcare workers (check all that apply):

- | | |
|---|----------------|
| <input type="radio"/> Hepatitis B (3-dose series) | Date(s): _____ |
| <input type="radio"/> Influenza (Annually) | Date(s): _____ |
| <input type="radio"/> Measles, Mumps, and Rubella (MMR) | Date(s): _____ |
| <input type="radio"/> Varicella | Date(s): _____ |
| <input type="radio"/> Tdap (Tetanus, Diphtheria, and Pertussis) | Date(s): _____ |
| <input type="radio"/> COVID-19 (Annually) | Date(s): _____ |
| <input type="radio"/> Polio (inactivated, 3-dose series) | Date(s): _____ |

____ I have chosen NOT to receive one or more CDC-recommended vaccines for healthcare workers listed above.

**Fully vaccinated means that you have met the vaccine recommendations included on the CDC webpage which is kept up to date.*

Documenting Exemptions:

Students may request an exemption to a clinical facility or site's vaccination requirement for valid medical or religious reasons. If a student chooses not to be vaccinated for a medical or religious reason and seeks an exemption from the vaccination requirement imposed by a clinical site, further documentation may be required by the site. Some sites may facilitate the exemption request themselves and the student will need to complete the site's appropriate form. Other sites may ask the university to help facilitate this process. Decisions to accept an exemption request are generally up to the clinical site.

Medical Exemption Requests: Students should work with the ISU Office of Disability Services for disability accommodations. Students can fill out a [Student Request for Services Form](#) or call (208) 282-3599 (Pocatello), (208) 373-1732 (Meridian), or email disabilityservices@isu.edu. Upon the conclusion of the accommodation process, the Office of Disability Services will email a letter to the student with the decision of the medical exemption request for submission to any requesting clinical site.

Religious Exemption Requests: Students should work with the Office of Equal Opportunity and Title IX for a religious exemption request by completing the [Religious Exemption Request Form](#). The process is detailed below and may be found on the Office of Equal Opportunity website.

Clinical Placement and Exemption Process for Religious Reasons

Students requesting religious exemptions for clinical site vaccination requirements must adhere to the following process:

1. **Admission and Program Participation**
 - ☐ Students are admitted to their declared major program and can begin coursework, including required clinical or field placements.
2. **Clinical Placement Coordination**

Kasiska Division of Health Sciences

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- Students will coordinate with their program director to receive a clinical rotation schedule.
- 3. **Requesting Accommodations**
 - Once a clinical rotation schedule is assigned, students must work directly with their designated clinical site to request any necessary accommodations for religious exemptions. This process should be initiated as early as possible to allow time for processing.
- 4. **Clinical Site Policy**
 - If the clinical site has an established procedure for handling religious exemption requests, the student should follow that procedure.
 - If the clinical site does not have a process or prefers guidance from ISU's Office of Equal Opportunity, the site should provide the student with documentation indicating their request for a recommendation from ISU.
- 5. **Submitting the Request**
 - The student must complete the Religious Exemption Request Form and attach any documentation provided by the clinical site. This form will be submitted to the ISU Office of Equal Opportunity for review. The Office will issue a response that the student may provide to the clinical site.

If you have questions or need assistance, contact the ISU Office of Equal Opportunity at (208) 282-3964.

Student Signature

Date

Student Printed Name

This assumption of risk is in effective for the course of the program of study or until a new document is signed, whichever is greater.

Updated 07/28/25

Reviewed by ISU General Counsel