

I, \_\_\_\_\_, hereby attest that I have reviewed the necessary safety assignments  
Print name

required for my admittance to Kadlec Regional Medical Center for my student rotations in

\_\_\_\_\_ program.

List Program

- Kadlec Basic Safety 2020
- Kadlec Patient Safety 2020
- Compliance and Privacy/Security 2020

I declare that the above statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date