

# BRISTOL

COMMUNITY COLLEGE

I have read and understand the **STATE APPROVED NURSE ASSISTANT/HOME HEALTH TRAINING PROGRAM STANDARDS**. I understand that my failure to comply with the above standards will cause dismissal from the program. I have been given a copy of the standards.

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Print Name

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Signature

Date

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Parent/Guardian (if student is under 18 years of age)

Date

Bristol Community College - Nurse Assistant Program

**STUDENT NAME:** \_\_\_\_\_  
NURSING ASSISTANT TRAINING PROGRAM

### PHOTOGRAPHY RELEASE

I hereby allow Bristol Community College to photograph me for use in any type of media BCC deems appropriate. This can include but is not limited to newspaper stories, printed literature and online information. I hereby give BCC its legal representative and assigns, those for whom BCC is acting, and those acting with its permission, or its employees the right and permission to copyright and/or use, reuse and/or republish photographic pictures.

\_\_\_\_\_  
Signature Date

### CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept to take part in Bristol Community College (BCC) Certified Nurse Assistant Training Program in the interest of safety for all concerned, you may be required to take a urine test for drug and/or alcohol use.

I, \_\_\_\_\_, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I will be tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to Bristol Community College and become part of my record.

If this test is positive, and for this reason I am not admitted to the program, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Bristol Community College, Nurse Assistant Training Program, The Center for Workforce and Community Education.

\_\_\_\_\_  
Signature Date

### HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials. I may be at risk for acquiring Hepatitis B. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk for of acquiring hepatitis B a serious disease.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years of age) Date