

# UNIVERSITY OF WISCONSIN – LA CROSSE

## MEDICAL DOSIMETRY PROGRAM

### CLINICAL INTERNSHIP SITE SAFETY SIGN-OFF FORM

The student has received an orientation and all required training at

\_\_\_\_\_ (clinical site) to include:

- radiation safety
- health safety
- occupational safety

\_\_\_\_\_  
**Clinical Preceptor Signature**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_, have reviewed and agree to adhere to the safety and health policies established at my assigned clinical training site.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Please scan and submit this form in the Clinical Practicum I course by the end of the 2<sup>nd</sup> week of clinical internship.**