

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 deposit this form in the D2L dropbox for the Clinical Practicum I course by the end of the 2nd week of clinical internship.