

# ROCKDALE MEDICAL CENTER

## Student/Other Orientation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

School: \_\_\_\_\_

Preceptor/Area: \_\_\_\_\_

### Orientation Agenda:

- I. Rockdale Medical Center Information/Mission
- II. Dress Code
- III. Patient Confidentiality/HIPAA Security
- IV. Emergency Preparedness
- V. Infection Control
- VI. Occurrence Reporting/Safe Medical Device Act
- VII. Hazardous Materials
- VIII. Body Mechanics/ergonomics
- IX. Ethics Committee
- X. Impaired Practitioner
- XI. Cultural Diversity
- XII. Latex Allergies
- XIII. Miscellaneous Information: Smoking Policy, parking, telephone

I have reviewed all the material presented on this agenda.

\_\_\_\_\_  
Student/Other Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Coordinator

\_\_\_\_\_  
Date