



ARIZONA WESTERN  
**ENTREPRENEURIAL  
COLLEGE**

Nursing Assistant Program  
**Varicella Susceptibility Awareness Form**

Name: \_\_\_\_\_  
(print)

Student ID#: \_\_\_\_\_

I hereby acknowledge that I have been informed that during the course of the nursing assistant program, I might be exposed to various diseases, including, but not limited to, varicella, also known as Chicken Pox.

If I am exposed to varicella, I must remain out of the clinical setting from the 10<sup>th</sup> through the 21<sup>st</sup> day after exposure. If I develop Chicken Pox, I will not be permitted to return to the clinical setting until all lesions dry and crust.

Although this disease is rarely fatal, I am aware of the serious health risks and complications associated with varicella. As this might affect myself and others, I agree to report any suspected exposure, whether it occurs off or on duty, to the AWC Nursing Assistant Program Coordinator immediately. I also agree to share my non-immune status with the clinical instructor of any new area where I might rotate or transfer.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date