**ACKNOWLEDGEMENT OF ANNUAL TRAINING**

**My signature acknowledges that I’ve been presented with and understand the information provided by Jackson-Hinds Comprehensive Health Center regarding policies and procedures in the areas listed below.**

**Overview**

**Infectious Disease Transmission**

* **Airborne Virus**
* **Contact Virus**
* **Coronavirus Transmission**
* **Disease Prevention**

**ATTESTATION**

**I have been trained on all of the above Policies, Procedures and Responses and I understand what to do in each event.**

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**Print Name Position Date**

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**Signature Date of Birth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site**

**Sandra Gray, Safety Officer**

**Trainer**