

Title/Position: *Incoming 3rd Year Student*

Contact Information

Your Name: _____

Cell Phone: _____

MSU Email: _____

Personal Email: _____

Local Address: _____

Permanent Address: _____

MSU 9 digit ID: _____

MSU Net ID: _____

Emergency Contacts

Emergency Contact #1: _____

Relationship: _____

Phone: _____

Emergency Contact #2: _____

Relationship: _____

Phone: _____

COLLEGE OF VETERINARY MEDICINE

Statement of Confidentiality

During the course of my employment/education or other relationship with CVM, I agree to:

1. Only access information and data necessary to do my legitimate work and educational activities.
2. Not discuss or share patient, client, employee, or vendor contractual information with another individual unless it is necessary for either learning or teaching purposes or for that individual to perform their work activities and they are authorized to have access to the information.
3. Exercise discretion in conducting conversations or acting in a manner, which would reveal confidential information while in public or semi-public areas such as elevators and cafeterias.
4. Prevent unauthorized persons from accessing and viewing patient, client, or employee data by not leaving patient information or medical records on computer screens, printers, or fax machines unattended in public or semi-public areas.
5. Inform my supervisor or instructor if I have reason to believe that anyone may have learned or has used my security code for gaining access to the building or for accessing computer systems at the CVM.
6. Inform my supervisor or instructor if I observe untrained or unauthorized persons harming or accessing any CVM computer systems through inappropriate use.
7. Use all property, data, and products including computer software in accordance with the applicable licensing agreements, lease agreements, and contracts.
8. I acknowledge that, if I violate any element of this agreement appropriate action will be taken consistent with Mississippi State University College of Veterinary Medicine Honor Code, Human Resources Policy or applicable State or Federal law..
9. Direct questions about confidentiality of information to my supervisor or instructor.

I, _____ have received, read and understand this confidentiality statement.
(print name of employee/student)

Signature of employee/student: _____

Date: _____

Mississippi State University Employee SSN Confidentiality Statement

Background: Mississippi State University (MSU) is committed to maintaining the privacy of all records containing the Social Security numbers (SSNs) of students, faculty, staff, and other individuals associated with the university. The MSU Operating Policy on Social Security Number Usage outlines procedures for protecting SSN data.

Employee Responsibilities: You must read the provisions below and indicate your agreement by signing and dating this document.

I understand that in the course of my work for Mississippi State University, I will have access to SSN data which may be on paper, contained in software, visible on screen displays, in computer readable forms or otherwise. (Specific access to electronic data bases, including BANNER access, must be approved on a separate form.)

I will receive and hold all SSN data as confidential, and hereby affirm that I will not:

- I. Use it except in my work for MSU;
- II. Copy SSN data except as necessary for such permitted use; and/or
- III. Publish, disclose or provide access to SSN data except for limited disclosure and access to other MSU employees who need to know for the same permitted use or as otherwise directed by MSU.

Good practices for maintaining data security include:

- Locking rooms where paper records or other backup media are kept;
- Keeping personnel files, student files, and other confidential paper records secure by not leaving them unattended or keeping them out in public view when working with them; and
- Verifying destination addresses prior to transmitting secure data.

I understand and agree that failure to keep SSN data confidential may result in disciplinary action under the terms of the Operating Policy on Social Security Number Usage.

| | |
|---------------------------------------|--|
| _____ EMPLOYEE PRINTED NAME | Human Resources Management _____ DEPARTMENT |
|---------------------------------------|--|

| | |
|------------------------------------|----------------------|
| _____ EMPLOYEE SIGNATURE | _____ DATE |
|------------------------------------|----------------------|

Signed Confidentiality Statements are to be kept in the unit for every employee who deals with data that contains SSNs.



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COLLEGE OF VETERINARY MEDICINE

P.O. Box 6100
240 Wise Center Drive
Mississippi State, MS 39762
www.cvm.msstate.edu

Release Form for Clinical Activity

I _____, release Mississippi State University and the College of Veterinary Medicine from responsibility if injured while handling clinical cases. I accept responsibility of the inherent danger in handling and assisting in treatment of cases under the care of the designated service area.

Signature: _____

Date: _____

*Parent or guardian is required to sign if under 18 and is not a MSU student or affiliate.

AHC Dress Policy for Faculty, Staff and Students

Students are expected to wear MSU-CVM student IDs/name badges at all times while in the Animal Health Center, and are encouraged to wear MSU-CVM identification badges at all times while at CVM.

Students should refer to the guidelines for dress and appearance found in CVM Policies and Procedures “Guidelines for Professional Image” 55.7.06.

Lockers are provided near each work area to facilitate changing into clinical attire. Students should register their locker in the AHC Administration office (a1417). Lockers must be emptied and the AHC Administration office notified prior to graduation. All items left in lockers after graduation will be properly disposed of.

Students are expected to enter and leave the Animal Health Center in dress appropriate for the classroom. Students are expected to wear appropriate clinical dress at all times while on assigned clinical duty. **Clinical duty includes normal weekday responsibility as well as primary and secondary emergency responsibility on weeknights, weekends, and holidays.** Specific dress for selected services is as follows:

Food Animal Service—a tan coverall (uniform color) or maroon scrub top with khaki pants and clean leather or rubber boots are acceptable dress when working with animals. A clinical jacket worn over clothes that meet classroom standards is acceptable when not handling animals. Ties are not required while involved in physical restraint and treatment of animals. The same standard is applicable after hours and on weekends.

Ambulatory Service--Dress that meets classroom standards is required during travel to field assignments. Tan coveralls (each student should have a minimum of two (2) clean pair available for use each day) or maroon scrub top with khaki pants and clean rubber boots constitute acceptable field dress. Exceptions to the above will be made only on clinician's directions on a day-by-day basis. Examples of such exceptions would be: (1) for some nearby premises, personnel may change into coveralls before leaving the College; (2) clean leather boots may be appropriate for some working situations.

Small Animal Internal Medicine--A clinical jacket worn over clothes that meet lecture room standards is acceptable dress. Students are expected to have a minimum of two (2) clean clinical jackets available for use each day. Students with assigned after hours, weekend and holiday duty may wear scrubs covered by a clean clinical jacket.

Small Animal Critical Care Unit--Dress that meets classroom standards is required for entering the building. Change into clean scrub suits for your shift in ICU or Emergency duty. Change back into classroom dress to leave the building. Clean lab coats should also be worn during the Emergency service. Name tags should be displayed at all times.

Community Veterinary Services-- A clinical jacket worn over clothes that meet lecture room standards is acceptable dress. Students are expected to have a minimum of two (2) clean clinical jackets available for use each day. Dress that meets classroom standard is expected for after hours, weekends, and holidays. Students will dress professionally at all times while in the

Community Veterinary Services area. This includes evenings, weekends, and holidays. (No riveted blue jeans, no shorts, no T-shirts, and no open-toed shoes are permitted.)

Small Animal Surgery Service--A clinical jacket worn over clothes that meet the classroom standard is acceptable dress outside of the surgical suite. Students are expected to have a minimum of two (2) clean clinical jackets and two (2) clean sets of scrubs each day. Scrubs are to be worn in the surgical suite area. When worn outside the surgical suite area, scrubs are to be covered with a clean clinical jacket.

Diagnostic Imaging Service--Students are expected to wear a clinical jacket over clothes that meet classroom standards. Students are expected to have a minimum of two (2) clean clinical jackets. Clean scrubs and a clinical jacket are also acceptable.

Diagnostic Laboratory Services--A clinical jacket worn over clothes that meet classroom standards is appropriate dress. Students are expected to have a minimum of two (2) clean clinical jackets available for use each day. The Diagnostic Laboratory Program furnishes white coveralls and rubber boots for use during necropsy procedures. These should be worn only in the necropsy area.

Anesthesiology Service--Students are expected to change into scrubs with clean clinical jacket upon arrival at the Wise Center. Scrubs are to be worn in the surgical suite area. When worn outside the surgical suite area, scrubs are to be covered with a clean clinical jacket. Students are expected to have a minimum of two (2) clean clinical jackets and two (2) clean sets of scrubs each day. Scrubs are **not** to be worn outside the building.

Equine Service--Appropriate attire for the equine area includes wearing a clean lab coat over slacks and a shirt or over surgical scrubs. Clean tan coveralls or maroon scrub top with khaki pants are also acceptable to wear in the equine area. Surgical scrubs should not be worn without being covered by a lab coat or coveralls. The surgical scrubs to be worn during surgery should not be worn in the clinic immediately prior to surgery. Footwear must be able to be dipped in disinfectant but rubber boots are not required except in isolation. Isolation attire is provided. Students are expected to wear nametags while in the equine area. This policy is applicable to any time a student is in the equine area and is not limited to particular times of day or days of the year. **Students will dress professionally at all times while in the Equine area. This includes evenings, weekends, and holidays. (No riveted blue jeans, no shorts, no T-shirts, and no open-toed shoes are permitted.)**

I, the undersigned, have received a copy of the CVM Animal Health Center dress code.

Signature

Date

Student Acknowledgment of Receipt of Animal Health Center Student Guidelines

I acknowledge that I have received orientation instruction to the Animal Health Center clinical rotations including classroom presentations and a physical copy of the Animal Health Center Guidelines and Medical Records Policy and Procedure Manual. I recognize the information contained within these presentations and documents is important to my success as a student. I confirm that I have access to this information, that I will read, comply with and refer to the policies contained within these written materials. Additionally, should I have further questions, I will contact the Associate Dean for Academic Affairs and/or the Director of the Animal Health Center for clarification. Furthermore, I acknowledge that the below list, while not all inclusive, contains specific elements that I am responsible for knowing and has been thoroughly explained to me.

Print Name

Signature

Date

- Review and adhere to the Mississippi State University Honor Code that can be found at <http://www.honorcode.msstate.edu/>
- Review and adhere to the Mississippi State University Code of Student Conduct (OP 91.100) that can be found at <http://www.policies.msstate.edu/policypdfs/91100.pdf>
- Review and adhere to the Mississippi State University Policy on Amorous Relationships (OP 01.28) that can be found at <http://www.policies.msstate.edu/policypdfs/0128.pdf>
- Review and adhere to the American Veterinary Medical Association Principles of Veterinary Medical Ethics found at <https://www.avma.org>
- Review and adhere to the Animal Health Center Guidelines and Medical Records Policy and Procedure Manual **Late Medical Records**
- Review and adhere to the Mississippi State University College of Veterinary Medicine Policy and Procedures that can be found on the CVM intranet at <http://www.cvm.msstate.edu>
 - Mississippi State University College of Veterinary Medicine Academic (Professional Student) Health Insurance Policy 55.7.19 **Student responsibility for injury coverage**
 - Mississippi State University College of Veterinary Medicine Animal Health Center CVM Code of Professional Conduct Policy 55.6.15.15 **Student responsibility for injury coverage**
 - Mississippi State University College of Veterinary Medicine Animal Health Center Animal Handling Policy 55.6.15.10 **Injury reporting**
 - Mississippi State University College of Veterinary Medicine Animal Health Center Hospital Admissions Policy 55.6.15.07 **Patient admission not just take their animal or another student's pet to the back...**

COMPLETION OF MEDICAL RECORDS BY STUDENTS

Timely and accurate medical records are essential to the practice of high quality patient care in all hospital rotations. Proper documentation is necessary to communicate to colleagues and to cover the legal obligations inherent in medical diagnostics and therapy. Clinical students have personal responsibility for selected segments of the medical record.

Incomplete and tardy record keeping is unacceptable in a veterinary teaching hospital. Therefore, the following student procedures will be implemented May 5, 1997, which begins the new academic year:

1. On Monday of the last week of each rotation, a memo will be sent to each Service Chief/Attending Clinician with a list of students in his/her rotation who have incomplete records in their folder. A memo will also be sent to the students who have outstanding medical records.
2. Medical Records personnel will notify the students via E-mail that is sent through campus mail. (Update- 2007. The information will only be sent via E-mail since students no longer have mailboxes.)
3. Students will be given until Monday at 8:00 a.m. at the end of a rotation to complete their records. Only current hospitalized or emergency patient records will be available for student completion on weekends or evenings after regular business hours. (With the hybrid medical record all electronic parts of the medical record are available after hours and on weekends.)
4. Any student who fails to complete his/her records by the stated deadline will automatically receive a one letter grade reduction in the rotation completed. Re-instated 12/15/14.

ADDENDUM TO ICU ROTATION: Effective 12.15.2014, any student in the ICU rotation who fails to complete his/her records by the stated deadline will automatically receive a failing grade (Unsatisfactory) in the rotation completed.

Students are responsible for these components of the patient record:

- * All history and physicals should be completed in THE ELECTRONIC MEDICAL RECORD.
- * All SOAP's will be documented by the students daily in THE ELECTRONIC MEDIAL RECORD.
- * All surgery reports are required to be completed by the student in THE ELECTRONIC MEDICAL RECORD.
- * The client and RDVM discharges are to be completed by the student who discharges the case. THE ELECTRONIC MEDICAL RECORD logs the student who completes all portions of the electronic medical record.

Timely, accurate, and truthful medical record keeping is essential in a teaching hospital.

Falsification of medical records is a serious offense which can lead to dismissal from the curriculum.

Effective with the new rotation beginning May 10, 1999, any student who has incomplete records in the Medical Records Department will not be allowed to continue in the new rotation until their records are complete. Medical Records Personnel will notify the Service Chief which students are delinquent in their records. The Service Chief should inform the students that they are to come to the Medical Records Department and complete their records at that time or they will not be allowed to continue in that rotation. (Approved: April 1, 1999)

MSU Radiation Safety Enrollment Form

This information is required before you can begin work with radioactive materials or X-ray producing devices. After completion of this form, you will be instructed to take the appropriate short course and quiz in order to fulfill regulatory requirements for working with ionizing radiation.

**When complete, please send to the Radiation Safety Office at Mail Stop 9559, or e-mail to bwigginton@ehs.msstate.edu. **

1. Full legal name: _____
2. Today's date: _____
3. MSU 9 digit ID: _____
4. MSU net ID: _____
5. MSU e-mail address: _____
6. Please indicate your affiliation with MSU.
 - ☐ Student. *Undergraduate* *Graduate*. Anticipated Graduation Date: _____
 - ☐ Regular Employee. *Faculty* *Staff*. (Job Title _____)
 - ☐ Time-Limited. *Intern* *Resident* *Postdoctoral Associate* *Visitor* *Other*.
(For Other, please specify: _____)
7. Department where you will work with ionizing radiation: _____
8. Person supervising your work with ionizing radiation: _____
9. Which devices or materials will you use in your work with ionizing radiation? Check all that apply.
 - ☐ Analytical X-ray producing device(s).
 - ☐ CVM Healing Arts X-ray devices.
 - ☐ Laboratory work with unsealed radioactive materials.
 - ☐ Radioactive sealed sources.
10. Please check the applicable box(es).
 - ☐ Previous MSU-CVM student. Year of graduation/departure: _____
 - ☐ Previous MSU-VMT student. Year of graduation/departure: _____
 - ☐ Previously worked with any form of ionizing radiation (see #9) in an MSU department.
Department: _____ Last date of your work there: _____
 - ☐ I have never worked with any form of ionizing radiation at MSU.
11. Have you have ever worn a radiation dosimeter (badge) for work with ionizing radiation?
 - ☐ Yes, at MSU.
 - ☐ Yes, at a Non-MSU facility. *
 - ☐ No.

*For each **Non-MSU facility** at which you have worn a radiation dosimeter (badge), you ***must complete*** a **Previous Exposure Request Form**. The MSU Radiation Safety Office will mail the form to the facility for you. Please do not mail it yourself. There are three forms on the following pages that you can use. If you need more than three, please duplicate.





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Office of Environmental Health and Safety

Previous Radiation Exposure Request

Facility/Institution Name: _____

Address: _____

Facility Radiation Safety Official,

I, _____, hereby authorize the release of my occupational
(Type or Print Name Clearly)

radiation exposure records to the Mississippi State University Office of Environmental Health and Safety.

I was monitored in the department of _____

from _____ to _____.
(Month/Year) (Month/Year)

Please send my exposure records to the address listed below.

Mississippi State University
EH&S Office
P. O. Box 6223
Mississippi State, MS 39762

Alternatively, please e-mail my records to bwiggington@ehs.msstate.edu.

(Signature)

(Date)



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Facility Radiation Safety Official,

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Mississippi State, MS 39762

Alternatively, please e-mail my records to bwigginton@ehs.msstate.edu.

(Signature)

(Date)



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Facility/Institution Name: _____

Address: _____

Facility Radiation Safety Official,

I, _____, hereby authorize the release of my occupational
(Type or Print Name Clearly)

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(Month/Year) (Month/Year)

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Alternatively, please e-mail my records to bwiggington@ehs.msstate.edu.

(Signature)

(Date)