



Infection Control Orientation Acknowledgement Statement for Agency Employees

This is to acknowledge that I have received and reviewed a copy of the *Infection Control Orientation Packet for Agency Employees* at Cornerstone Hospital of Houston-Clear Lake. I understand that this packet provides general guidelines and summary information about Cornerstone's infection control policies, procedures, and practices, but it is not intended to be all inclusive of Cornerstone's policies. I also understand that it is my responsibility to read, understand, and comply with Cornerstone's infection control standards that have been established.

I understand that if I have any questions about the orientation materials, I understand that I need to ask the Infection Control Nurse or the House Supervisor for help.

Agency Employee's Name (please print)

Agency Employee's Signature

Date

Title of Agency