



## Waived Laboratory Personnel Training Record

By signing each section below, I agree that I have been trained in the items described. I agree to maintain my competence, request additional training if I feel that it should become necessary, and assume responsibility for keeping up-to-date with any changes:

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

Competency	Date	Nurse Initials		Trainer Signature			
Lab Policies							
Lab Safety							
Lab Test	Brand	Obtaining Specimen	Performing Lab Test	Documentation	Date	Nurse Initials	Trainer Initials
Rapid Strep	QuickVue						
Rapid Influenza	QuickVue						

The above employee has received training and has demonstrated proficiency in performing the laboratory tests indicated above:

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_