

THE UNIVERSITY OF ALABAMA  
CAPSTONE COLLEGE OF NURSING

BSN STUDENT OSHA TRAINING

My signature indicates that I have reviewed the OSHA training used by the Capstone College of Nursing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
CWID

\*Completed documentation should be submitted through the online immunization and record tracking system.