

Decatur Memorial Hospital
Student Nurse Orientation
Post-Test

Please fill out and return this form to your instructor prior to your first clinical experience. You will not be able to start clinical at DMH without completing this form.

1. I have read, understand, and agree to follow the Decatur Memorial Hospital Student Nurse Orientation.
Yes No
2. Dial _____ to page an Emergency situation.
3. My school's Precision PCS code is _____.

Student Signature

Date

License Plate Number

College