

Yale University School of Medicine Lead Vest Agreement

Office of Education, ESH 305
203-737-4190

Full Name student: _____ Cell Phone # _____

Email Address: _____

AGREEMENT

The Office of Education is providing a Lead APRON & THYROID COLLAR for student use during their clinical clerkship/elective activities.

In borrowing the lead APRON & THYROID COLLAR from the office of education, the STUDENT AGREES TO BE RESPONSIBLE for returning the items on the date specified below.

Since lead aprons are in high demand, we are providing a lock to alleviate the possibility of the apron being stolen or taken by another person for use. The bicycle style lock can be looped through the arm holes on the vest so it cannot be used by another person. Please keep the apron locked when not in use.

The combination for your lock is: _____ (Office of Curriculum to issue)

Sizes available: Small, Medium, Large

.....
I have read and understood the terms of this agreement

Student Signature: _____

Start Date (date of issue): _____

RETURN Date: _____

Size: _____

Staff Initials: _____