
SWEDISH MEDICAL CENTER
Access Control Compliance Agreement

Student Name: _____

Specialty/Department: Trauma Services

I hereby affirm I have reviewed the Swedish Medical Center access information about the Critical Care Unit, and I will adhere to the access control guidelines. I will ensure that access restrictions are maintained or the unit by not allowing unauthorized personnel to follow me and/or access the unit.

I acknowledge that failure to comply with SMC's established access control security program will result in the loss of my access to the unit.

Student Signature: _____

Date: _____