



Tri-County Health Department

PERSONAL APPEARANCE GUIDELINES AGREEMENT

I, _____, have received the Tri-County Health Department's policies regarding the Personal Appearance. I acknowledge that I am aware of and understand the policy.

In consideration of my Clinical Rotation with Tri-County Health Department and as an integral party of the terms and conditions of my Clinical Rotation, I agree that I will abide by this policy.

I understand that as a Student with TCHD if I fail to meet these standards, my immediate superior/manager/TCHD Clinical Scholar should initially provide verbal counseling and may send me home to change, without pay. Continued failure to meet the standards will result in corrective action up to and including dismissal. If I have questions regarding any of these guidelines I should discuss them with my supervisor/manager/Clinical Scholar, Division Director, or Human Resources Manager.

Print Name

Signature

Date