



-- ACKNOWLEDGMENT --

**STUDENTS AND EMPLOYEES WITH SEXUALLY TRANSMITTED  
INFECTIONS AND DISEASES AND CERTAIN OTHER COMMUNICABLE  
DISEASES AND INFECTIOUS CONDITIONS POLICY**

I have received and read a copy of Policy 420 Students and Employees with Sexually Transmitted Infections and Diseases and Certain Other Communicable Diseases and Infectious Conditions Policy of Independent School District 199, Inver Grove Heights, Minnesota and agree to comply.

\_\_\_\_\_  
*Signature of Employee/Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed or Printed Name*

c: Personnel File