



## **Sinai Hospital House Staff Manual Policy Review Attestation Form**

### **A. House Staff Manual**

I have reviewed the House Staff Manual and agree to abide by all policies and standards and expectations here within. Members of the House Staff are subject to the Human Resources policies and procedures of Sinai Hospital of Baltimore, except as otherwise provided in this manual or by contract.

### **B. Food and Drink**

I agree that eating and drinking are prohibited in areas where blood or other potentially infectious materials may be present. I understand that these areas include patient rooms and nursing stations where specimens are handled and the Physicians' Lounge.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Social Security #: \_\_\_\_\_