

I have checked out the following equipment:

- Otoscope # _____
- Ophthalmoscope # _____
- Tuning Fork
- Hammer
- Pen Light
- Blood Pressure Cuff Adult# _____
- Stethoscope
- Measuring Tape
- Eye Chart

Disposable equipment: please discard

- _____
- _____
- _____

I understand in case of loss or damage to the equipment listed above, I may be held liable. I also understand that in case of such loss or damage, the Comptroller will make a determination of liability after an investigation by TAMUCC University Police.

I agree to use the above equipment for official TAMUCC business or instruction.

I agree to return the above equipment to the Simulation & Clinical Learning Center by the date indicated below. If the date needs to be extended, I agree to contact the SCLC for approval.

Today's Date: _____

Date to be Returned: _____

Phone: _____

Printed Name

Student Signature

Employee Signature