

Tobacco-Free Campus Acknowledgement Form

I acknowledge that I have received education on and will comply with the Novant Health Tobacco-Free Environment policy (HR # 6045). Additionally, I understand that employees who use tobacco products on Novant Health premises are in violation of this policy and will be subject to the Progressive Discipline policy (HR # 6040).

I understand that effective April 2, 2007, this policy prohibits smoking and the use of smokeless tobacco products is prohibited:

- In Novant Health facilities, including, but not limited to, hospitals, physician practices, outpatient clinics, and office buildings. Smoking and the use of tobacco products is prohibited in facilities leased by Novant Health.
- In company-owned vehicles at any time and in private vehicles on Novant property.
- Anywhere on Novant Health grounds, sidewalks and parking lots/decks.

I further understand that this policy applies to all persons, including, but not limited to, employees, non-employed workers, medical staff, volunteers, inpatients, outpatients, visitors, students, contractors, vendors and other guests on Novant Health premises.

Signature _____

Print Name _____

ID Number _____ Date _____