

City of Santa Clarita
Airborne Transmissible Disease (ATD) Program
Acknowledgement

I acknowledge that I have received a copy of the City of Santa Clarita's Airborne Transmissible Disease (ATD) Program. By my signature below, I acknowledge that I have received, read, and understood the **Airborne Transmissible Disease (ATD) Program AND watched the associated training video.**

Signature

Date

Print Name