



**PROWERS MEDICAL CENTER**  
401 KENDALL DRIVE  
LAMAR, COLORADO 81052

## Tobacco-Free Campus Policy

*Effective July 1, 2009*

I, \_\_\_\_\_, acknowledge that I have received, read and understand the Tobacco-Free Campus policy. I understand that this policy establishes the guidelines to maintain the safest possible environment in which to deliver quality healthcare. I understand that I am required to refrain from the use of tobacco products while on duty in any buildings and on any property owned or leased by Powers Medical Center. I further understand that every Team Member is responsible for the enforcement of this policy. Any patient, family member, visitor, or co-worker I encounter who is violating the new policy will be asked to discontinue using their tobacco product. I will commit to uphold and enforce this policy.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Department

