

Mount Nittany Health COVID-19 Student/Faculty Attestation

In accordance with CDC guidelines, all students/faculty must monitor themselves for symptoms of COVID-19 and only report to Mount Nittany Health for educational experiences if symptom-free.

By reporting for my educational experience, I am confirming the following:

- I am not experiencing COVID-19-like symptoms, including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
*****If you have experienced these symptoms in the last 24 hours, contact your instructor and remain home.**
- I am not awaiting testing or test results for COVID-19 due to symptoms and not part of routine pre-op testing.
- I have not been diagnosed with COVID 19 within the last 10 days.
- If I have a household or close contact who is being evaluated and/or tested for COVID-19 symptoms, regardless of test results, I attest that I will only report for educational experiences if I am NOT symptomatic.
- I will follow all Mount Nittany Health PPE protocols, physical distancing, hand hygiene, and other safety measures at all times.
- **If I test positive for COVID-19 at any time, I will immediately notify my preceptor (if applicable), instructor, and the education department, and I will not report to any Mount Nittany Health facility for an educational experience.**

To minimize the spread of COVID-19 and to ensure the safety of patients, visitors, and staff, any student/faculty failure to adhere to the requirements outlined in Mount Nittany Health's COVID-19 related policies will be treated as a serious violation which may lead to disciplinary action, including student/faculty suspension or termination.

I have reviewed these guidelines in their entirety and will contact my preceptor, instructor, or the education department if I have any questions about the information provided. I also agree that I will only report to Mount Nittany Health facilities for student experiences if I am free of all the listed symptoms and do not meet the criteria listed above to remain home. I will follow all protocols as listed in Policy #404, #407, and #320.

Name

School

Signature

Date