

WEBER STATE UNIVERSITY ATTESTATION FORM FOR PRACTICAL EXPERIENCES

(Clinical practicum, skills labs, internships, other practical experiences)

- I understand that there are inherent potential health risks associated with my educational experience in a face-to-face practical experience environment, particularly if the experience requires close contact with others; these risks remain and/or may be increased as they relate specifically to the ongoing COVID-19 pandemic. Risks of contracting COVID-19 include experiencing symptoms, and which may have long-term or fatal consequences: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.
- I understand that practical experiences may be suspended, shortened, or rescheduled at any time due to changes in governmental, university, or facility directives, or complications due to COVID-19, which may impact the timeline for my progression toward graduation or completion of other objectives, such as certifications. Please refer to specific program handbook requirements for further guidance.
- I understand that I am only permitted to attend or resume practical experiences if I do not have [symptoms of illness](#). I understand if I develop symptoms of illness, if have reason to know or suspect I have been exposed to COVID-19, or if I test positive for COVID-19, I should contact my medical provider and immediately follow all instructions of the facility where I am completing a practical experience, including notifying the facility. I may not return to campus or the practical experience and must self-quarantine/isolate until I have followed all testing or clearance procedures required by the facility and/or the university, in accordance with CDC or health department guidance. I must also immediately contact my respective clinical team, course director(s), and coordinator(s).
- I understand that I am aware of the possible risks of COVID-19 to those who are at an increased risk due to personal or health issues. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
- I understand that if I choose not to or am unable to resume the practical experience due to one of the reasons outlined herein, I may have the option to complete the necessary requirements at a later date or withdraw and take the course in a future semester, as reasonably agreed upon between me and the program, as may be consistent with the requirements of the program. This may impact the timeline for my progression toward graduation or completion of other objectives, such as certifications. Please refer to specific program handbook requirements for further guidance.

· I understand that while in the practical experience environment, I must comply with the facility and/or the university's protective measures which may include wearing a face covering, and other protective measures, and practice appropriate hygiene. I will provide the necessary and appropriate uniforms and supplies required where not provided by the facility; this may include personal protective equipment (PPE).

· I understand that I must follow all state, university, or facility requirements regarding being near other individuals, including not working with individuals who are known or suspected to have COVID-19. I understand that if I am in a clinical or medical setting and am approved by the facility or the university to provide direct care to patients with a known or suspected COVID-19 infection, I must take appropriate steps to avoid exposure to COVID-19, including complying with appropriate protective measures and protocols required by the facility and/or university.

· I agree to comply with health screening practices for entry into the facility to which I am assigned. I understand that I must comply with university or facility requirements which may include vaccinations, including for COVID-19. If I decline to receive a required vaccination for religious or medical purposes, I understand I must submit a request for exemption on form(s) required by the facility or the university. I understand that if I do not meet the vaccination requirement, and my assigned facility or agency will not accept my exemption request, due to accreditation standards, a reasonable placement may not be able to be secured. I further understand that my declination of the COVID-19 vaccination may prolong my completion of the program, and at a maximum, result in my indefinite inability to successfully meet the requirements of completion for the program. I hereby authorize Weber State University and its designated agents and representatives to disclose information related to my immunizations and exemptions to the facility for purposes of fulfilling their requirements.

· I will complete any additional safety training related to infectious disease or other health risks as required by the facility and the university, including the following:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

[Insert appropriate training requirements required by the college or department]

· I understand that failure to comply with the expectations, training, and practices outlined in this document will be considered a breach of professional conduct and will result in referral to the appropriate college/school committee for review and potential disciplinary action. It may also constitute a violation of the Student Code and referred to the Dean of Students for review and potential disciplinary action. I understand and agree that I may be immediately withdrawn from the practical experience or dismissed, suspended, or expelled based upon my failure to comply with the rules and policies of the university or facility; if I pose a direct threat to the health or safety of others; or for any other health or safety reason where the university or the facility

reasonably believes that continuation is not in the best interest of the university, the facility or the facility's patients or clients, or others.

I have read the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, and that I have freely and voluntarily signed this Agreement.

Please choose one of the options below:

I elect to continue with my assigned practical experience.

I do not elect to continue with my assigned practical experience.

Signature _____ Date _____

Parent signature if under 18 _____ Date _____