



### **Return to Clinical/Practicum Acknowledgement Form**

- I understand that there are inherent potential health risks associated with my educational experience in the clinical/practicum learning environment; these risks remain and/or may be increased as they relate specifically to the ongoing COVID-19 pandemic.
- I understand the long-term effects of COVID-19 infection have not been established and the short-term effects of COVID-19 can be serious or even fatal.
- I understand that it is entirely my decision whether or not to continue clinical/practicum experiences at this time.
- If I feel I am at increased risk due to personal or health issues or simply do not want to resume or continue clinical/practicum experiences, I will immediately contact my advisor to discuss my options and possible revisions to my academic plan of study.
- I understand I can withdraw from clinical/practicum in accordance with the University policies during the term.
- If I have any questions about resuming my clinical/practicum training, I will contact the Chair or PD of my program.
- I understand I must complete the Drexel COVID-19 app two hours before I attend clinical or enter any Drexel facilities.
- I understand that if I develop symptoms of illness or the Drexel COVID-19 app indicates a change in health status, I must self-isolate and contact Drexel University Student Health at (215) 220-4700.
- I understand I must comply with Drexel requirements for self-quarantine, isolation, and/or clearances prior to beginning or returning to clinical/practicum experiences.
- I understand if I travel or come from an area that requires quarantine, I will self-quarantine for 14 days before returning to clinical. This may impact my academic progression.
- I understand that I am only permitted to attend clinical/practicum experiences if I do not have symptoms of COVID-19. The latest symptoms of COVID-19 can be found at:  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>  
<https://drexel.edu/now/coronavirus/students/>
- COVID-19 questions can be directed to [COVID19questions@drexel.edu](mailto:COVID19questions@drexel.edu).
- I understand I should not be in high risk situations, closer than 6 feet without masks on and no large gatherings at any time during my clinical rotations to minimize risk to the facility, peers, and patients.
- I understand that I must comply with health screening practices and personal protection equipment (PPE) policies for entry into the various clinical/practicum sites where I am assigned.
- I understand that I must not provide care to patients with documented or suspected COVID-19 infection.
- I understand that failure to comply with the expectations, training, and practices outlined in this document or any listed as part of the University COVID-19 website, including the Dragon Pledge 2020-2021, will be considered a breach of professional conduct and will result in removal from

clinical, referral to the appropriate Student Conduct Committee for review and potential disciplinary action. I understand that I cannot be guaranteed clinical/practicum placements if I am unwilling or unable to comply with a clinical site's health and safety policies.

- I understand I will need to wear eye protection and/or face shields. Goggles and/or face shields must be worn on units unless clearly stated by faculty member and may only come off to eat or drink.
- I understand I will practice social distancing during breaks which includes not eating at a communal table when taking breaks or meals.
- I understand that if I need to request a reasonable accommodation for a disability, I should contact the Office of Disability Resources. Contact information can be found at: <https://drexel.edu/oed/disabilityResources/overview/>.

I have read and understand the above information discussed in this Acknowledgement Form.

Please sign and date below.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_