



## COVID-19 Personal Prevention Acknowledgment Clinical and Observation Student

By reading and signing this Statement, I acknowledge and agree to do the following:

- Check for signs of illness before each scheduled HPRC clinical day. Do not report to facility if signs of illness.
  - Check for symptoms
    - ✓ Fever
    - ✓ Cough
    - ✓ Fatigue
    - ✓ Shortness of breath
    - ✓ Sputum production
    - ✓ Myalgias
- Take temperature daily upon entering HPRC facility – log temperature on appropriate provided form.
- Use proper PPE, to include face mask and shield, while on HPRC premises, as well as while out in the community in accordance with local, state, and federal rulings.
- Wear gloves when appropriate.
- Practice hand hygiene-
  - Wash hands often with soap and water for at least 20 seconds especially after being in a public place, providing patient care, or after blowing your nose/coughing/sneezing.
  - Avoid touching my eyes, nose, and mouth with unwashed hands.
- Avoid, if possible, contact with people who are sick.
- Practice social distancing which means avoiding contact with people within 6 feet, longer than 10 minutes, when possible.
- Follow HPRC mandated responses to COVID-19 as they develop.
- Clean and disinfect frequently touched surfaces including tables, doorknobs, light, handles, desk, phones, keyboards, faucets, and all used supplies.

---

Name, Observation/Clinical Student

---

Date

---

Signature

---

Clinical Facility