



**COVID-19 Safety Acknowledgement Form
for
Experiential Based Externship Training Activities**

Major: _____

URI Student (“Student”): _____

Affiliated Experiential Site for Externship Training Activities (“Experiential Site”):

Entity Name: _____

Site Location (Address): _____

I, the above-named Student in the above-named major, wish to participate in Experiential Training Activities at the above listed Experiential Site during the upcoming academic semester (_____).

Due to the COVID-19 pandemic, all parties involved in making arrangements for my Experiential Training Activities (URI and myself) want to make sure that I am aware of (1) adequate general information about the health risks presented by COVID-19, and about how it can be spread, how it can be avoided, and what persons should do if they are infected or exposed, (2) the COVID-19 related health precautions and protocols that the Experiential Site follows, and requires its staff, trainees, visitors, clients and guests to follow, and (3) the health related precautions and protocols that I should follow in order to protect myself and others from contracting and/or spreading the disease.

By my signature below, I acknowledge and confirm that:

- 1) I believe, based on information made available to me by URI and the Experiential Site, that I fully understand the nature and risks of participation the Experiential Training Activities at the Experiential Site, as it pertains to my personal health, the health and safety of those close to me, and the greater public health.
- 2) I confirm that I have discussed the health and safety protocols with my Experiential Site Supervisor(s) to ensure that policies and procedures are in place to help ensure the health and safety of all clients, staff, and trainees and that I am comfortable with these policies in so far as my own personal health profile/risks are concerned.
- 3) I can also attest that I am aware of how and where to find the most up-to-date State Department of Health and CDC guidelines, should they change, to help ensure that my personal practices, as well as those being instituted by my Experiential Site, meet the guidelines advocated by medical and scientific experts and best-practice.
- 4) I confirm that I understand the signs and symptoms of COVID-19 and how it is transmitted. I also confirm that I am aware of and understand the guidelines for social distancing, hygiene and sanitation, isolation/quarantine, and other means of preventing the spread of COVID-19 put forth by the RI Department of Health (RIDOH) (or State

Center for Career & Experiential Education

Roosevelt Hall, 90 Lower College Road, Kingston, RI 02881 USA p: 401.874.2311 f: 401.874.4320 web: uri.edu/career



Department of Health in the state which the Experiential Site is located) and Centers for Disease Control (CDC). I also have read the health and safety information posted on the [URI Center for Career and Experiential Education website pertaining to Health and Wellness safety protocols](https://web.uri.edu/career/covid) (<https://web.uri.edu/career/covid>).

- 5) I will follow all applicable health related (including COVID-19 related) requirements of the Experiential Site, as well as the requirements of the state in which my Experiential Site is located.
- 6) I agree to check myself for COVID-19 associated symptoms every day before attending my experiential activity.
 - a) If placement site is on-campus (URI): I will comply with all University mandates and requirements for self-assessment.
 - b) If placement site is off-campus: I will follow any self-assessment requirements of my Experiential Site and will follow any requirements resulting from assessment.
 - c) If placement site is off-campus and my Experiential Site does not have any such self-assessment requirements, I can:
 - i) Complete the [Self Check Symptoms](https://covid19healthbot.cdc.gov/) assessment (<https://covid19healthbot.cdc.gov/>) through the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) and will comply with any CDC recommended actions resulting from the completion of their self-assessment form.
- 7) If I test positive for COVID-19, or am advised self-isolate or quarantine, within 24 hours I will notify:
 - a) URI Health Services if I live on-campus **OR** my Primary Care Provider if I reside off-campus
 - b) My URI faculty member or experiential program supervisor
 - c) My Experiential Site supervisor

and, I will NOT participate in the aforementioned Experiential Training Activities until cleared by a healthcare professional.

By signing below, I agree that I have read and understand the above information.

(Once complete, please return to your faculty or experiential program coordinator for signature.)

URI Student Signature

Date

URI Faculty/ Staff Responsible for oversight of Experiential Education Signature