

Catholic Health System Student and Faculty COVID-19/Influenza Education and Vaccine Attestation

(Only required to be completed once per year)

To be collected and kept on file at the school, and made available upon request

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

CHS Facility/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the following COVID required materials (specific to your work area):

• Acute Care manual for COVID-19

• COVID-19 Outpatient guidelines

• COVID Schools Testing Protocols

• Catholic Health Guidelines for Students

• Donning and Doffing PPE

I understand that I am held accountable for the information contained therein.

 I understand that I am choosing to fulfill my clinical/shadowing experience in person and accept the associated risks involved.

I agree to comply with all safety regulations including guidance set forth by the New York State Department of Health & CDC, including safe social distancing practices, proper hand/respiratory hygiene and wearing Personal Protective Equipment (PPE/masks) as required by Catholic Health’s policy, while at the clinical site.

 I understand that if I violate the safety policies during the clinical experience, I will be dismissed immediately from the site and may be subject to a conduct code violation.

**Please Check One**

\_\_\_\_\_I confirm that I am fully vaccinated\* for COVID and that my educational institution has confirmation on file.

\_\_\_\_ I confirm that I am fully vaccinated\* for influenza and that my educational institution has confirmation on file.

\_\_\_\_ I decline influenza vaccines at this time and my educational institution has my declination on file.

\_\_\_\_I decline COVID vaccinations at this time and my educational institution has my declination on file.

\*Fully vaccinated is defined as being up to date with the 2023-2024 booster

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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