



Catholic Health System

Student and Faculty

COVID-19 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 confirm that I am fully vaccinated and that my educational institution has confirmation on file.

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.

Name (print): _____ Date: _____

Signature: _____