

Protecting Myself and Others From COVID-19 Student Commitment

With excitement and also with caution, Indiana University welcomes students back to campus. The nature of COVID-19 is such that actions taken by you affect not only your well-being, but also that of every other person with whom you interact or share space. Because IU's highest priority is the safety of its campus communities, IU has developed the following expectations for all students to promote campus health and safety.

In order to participate in person in classes or events during the Fall 2020 semester, including those sponsored by all student organizations (both self-governed and university student organizations), you must follow all the guidelines and recommendations from IU and your respective school and/or program, including the expectations detailed below.

I, _____, agree:

- To keep my personal and emergency contact information up to date in the Student Information Services by going to one.iu.edu, searching for the "Personal Information" application, and updating the campus address, cell phone number, and emergency contact fields.

Basic Precautions

- While on campus or in the local community where campus is located, I will:
 - a) practice good personal hygiene (washing hands frequently with soap and water, or a hand sanitizer with at least 60% alcohol if soap is unavailable)
 - b) wear a cloth mask covering my nose and mouth on campus in all hallways, elevators, public spaces, classrooms and common areas, and when entering all IU buildings, as well as in all spaces where physical distancing is difficult to maintain including both private indoor spaces and outdoor spaces;
 - c) practice physical distancing at all times by staying 6 feet apart from others, and
 - d) adhere to other guidelines and requirements when adopted by IU or public health authorities to address changed incidence rates or new scientific information about how best to protect me and others from getting sick.
- When I start classes, I will have a thermometer where I live and will take my temperature daily, will routinely monitor my health, and will take reasonable precautions to minimize my exposure to COVID-19 infection.
- I will immediately notify IU Health via their screening portal (<https://iuhealth.org/covid19/virtual-coronavirus-screening>), if any one of the following occur:
 - a) I have been exposed or have reason to believe I have been exposed to COVID-19;
 - b) I have a fever (temperature of 100.4 degrees Fahrenheit or greater);
 - c) I am exhibiting other symptoms consistent with COVID-19 infection (e.g., cough, sore throat, fever, chills, muscle pain, loss of sense of smell or taste, or shortness of breath); or
 - d) I have been advised by a healthcare professional not to attend class, to self-quarantine, or to self-isolate due to actual or possible COVID-19 infection or exposure.
- I understand that I am free to consult with my private physician or to see a doctor at the Student Health Center if available on my campus.

Testing and Monitoring

- If I am identified as a contact of anyone determined to be positive for COVID-19, to immediately self-quarantine for fourteen (14) days after exposure and, if recommended, to be tested for COVID-19;
- If I develop symptoms of COVID-19, to immediately self-isolate until I have been evaluated through the IU Health screening portal or by a healthcare provider and, if recommended by the portal or a health care provider, been tested for COVID-19. This includes not coming onto campus if I live off-campus, and remaining in a space designated by IU if I live on-campus;
- If I am determined to be positive or presumed positive for COVID-19 by a doctor outside of IU Health or the Indiana University Health Center, to immediately notify IU by filling out this form; [COVID-19 Reporting Form](#);
- If I am determined to be positive or presumed positive for COVID-19, to self-isolate either in a separate room within my off campus housing, at my home, or in a location designated by the residential services staff if I live on campus until either: 1) I have been cleared by a physician to return to class and to my usual living

arrangements or 2) my symptoms have improved; **and** it has been at least ten days, or the current minimum recommended by the CDC, since the start of my symptoms;

- To participate fully and honestly with IU and public health officials tasked with contact tracing to determine whom I might have potentially exposed to COVID-19, including the downloading and use of any app if one is required by IU;

Signature: _____ Name: _____ Date: _____

These expectations are subject to change and will be updated as necessary by IU. Notice will be provided to students in order to provide sufficient opportunity to comply. By signing below, I acknowledge that I have read, understand, and agree to follow the expectations detailed in this document as a condition of my presence on campus, and further agree that I will make every effort to keep myself informed of any changes to these expectations. I understand that these expectations constitute university directives, policies, and procedures. I understand that any violation may lead to student disciplinary proceedings and sanctions.

Signature: _____ Name: _____ Date: _____

Only students in a “clinical rotation” or “clinical experience” need to complete the following section.

Those include IU students and trainees (medical residents) who are enrolled in degree programs or coursework at IU that require the IU student to engage in experiential learning at a clinic, physician office, health care facility or other institution involved in delivery of healthcare (including social, behavioral and mental health) services. Examples include but are not limited to nursing, programs in the School of Health and Human Services, medicine, social work, dentistry, optometry, speech and hearing, athletic training, and allied healthcare services programs.

I acknowledge:

- There is a heightened state of risk associated with engaging in clinical experiences.

I agree:

- I will strictly adhere to infection-prevention strategies that may be implemented by IU or a clinical affiliate, including in addition to those listed above for all students, using other personal protective equipment as indicated by the clinical affiliate.
- If I feel unsafe or have been exposed to a patient who later tests positive for COVID -19, I will notify the faculty member or other designated school representative responsible for the clinical experience of the condition which I believe is unsafe.
- If I have been exposed to a patient who later tests positive for COVID-19, will notify the faculty member or other designated school representative for clinical experience.

Signature: _____ Name: _____ Date: _____