



COVID-19 Student Waiver

I, _____, understand that my participation in the offered lab assignment is voluntary and that I would be given an opportunity to perform the assignment at a later time if I chose. I am freely and voluntarily choosing to participate in the offered lab assignment, being fully aware of the potential risk related to transmission of the COVID-19 virus. I have had all of my questions addressed and am waiving any claim I might have, now or in the future, related to any injury or illness I could potentially sustain due to participation in the offered lab assignment. Furthermore I am giving my express permission to be medically examined prior to commencing the lab assignment.

Medical Certification From Student

I previously executed the waiver related to the approved limited lab work.

I certify that I have not had a fever or any other symptoms of COVID-19 in the last 14 days.

I further certify that I have not visited a doctor related to symptoms of COVID-19 in the last 14 days.

I further certify that I have not had contact with any person who tested positive for COVID-19 in the last 14 days.

I further certify that I have not had contact with any person who has been tested for COVID-19 and is awaiting the result of that test in the last 14 days.

I agree that I will not come on to the campus of _____ should I present with any symptoms during the period of the approved limited lab work.

I agree if I begin to feel ill during any approved limited lab work that I will promptly leave the campus of _____ and seek medical attention.

This _____ day of _____, 2020.

Student Name: _____

Student Signature: _____