

**Angelo State University Department of Nursing  
Graduate Nursing Program  
COVID-19 Acknowledgment and Consent**

I, \_\_\_\_\_, understand that in order to participate in and meet course/program objectives for the Angelo State University (ASU) Graduate Nursing Department clinical practicums and program courses, I will be required to travel to and from and be physically present in the clinical/mentor host ("Host") workplace for practicum and mentorship experiences. I acknowledge and consent to the inherent risk of exposure, contracting, and transmission of, COVID-19. I agree to follow all recommendations and guidelines related to prevention, treatment, and control of COVID-19 set by Host and Host personnel; ASU; and federal, state, and local authorities (including but not limited to those provided by the US Centers for Disease Control and Prevention (CDC)).

I will self-screen for COVID-19 symptoms before reporting to practicum/mentorship Host locations or to ASU and will fully disclose and report to my clinical or course faculty and Hosts any signs and symptoms of COVID-19. These symptoms may include, but are not limited to, fever, shortness of breath or difficulty breathing, trouble breathing, cough, chills, sore throat, body aches, muscle pain, fatigue, nausea, diarrhea, vomiting, lack of taste or smell, runny nose, or sinus congestion. I will also fully disclose and report any COVID-19 exposure from the Host location to my clinical or course faculty. If I have been in contact with a COVID-19 infected person, I acknowledge that I may be required to quarantine for my safety and the safety of others. I also acknowledge that the Hosts may require me to be periodically screened or tested. If I test positive for COVID-19, I understand that I may be required to isolate for my safety and the safety of others and notify my clinical or course faculty and Hosts of my positive COVID-19 test results. I acknowledge if I test positive for COVID-19 and have underlying health conditions including, but not limited to, asthma, obesity, diabetes, or an immunocompromised immune system, I may be at greater risk for severe illness from COVID-19.

I understand there is an inherent risk of contracting COVID-19 by participating in the clinical practicums, mentorship experiences, and other related program course activities. I acknowledge that I have access to CDC- provided educational materials pertaining to COVID-19 available at <https://www.cdc.gov/coronavirus>, including background of the virus, how it spreads, and proper personal hygiene. I acknowledge that if I do not follow these safeguards, I may not be allowed into the University or Host facilities.

By my signature below, I acknowledge that I have read the above and agree the statements are accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_