



1901 Thomson Dr.  
Lynchburg, VA 24501

PHONE: 434.200.5255  
FAX: 434.455.2703  
WEB: [centrahealth.com](http://centrahealth.com)

Dear Student Shadower,

June 9, 2021

We are pleased to have you participate in shadowing experiences on our campuses and clinics owned or operated by Centra Health, Inc. and its affiliates and subsidiaries (collectively referred to herein as the "Centra System") in the coming weeks. The safety of our patients, staff, and students is our highest priority.

With safety in mind, we require the following:

- 1) Social distancing, appropriate personal protective equipment ("PPE") use, and frequent handwashing are essential to prevent COVID-19 infections and expected of all students within the Centra System.
- 2) Students should report **ANY** COVID-19-like symptoms- fever, chills, muscle aches, cough, nasal congestion, shortness of breath, changes in smell or taste- to their preceptors and/or supervisors, as applicable, immediately leave the premises, and seek medical attention.
- 3) Although students will only interact with patients at low risk for COVID-19, there is always some risk of contracting the virus. You must be aware of this risk before agreeing to participate in a clinical placement.

In addition, please carefully read and sign the Acknowledgment of Risk ("AOR") statement below before beginning your clinical placement. Only students willing to accept the risks outlined above and who sign an AOR will be placed within the Centra System:



CENTRA

Medical Education  
& Student Affairs

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Centra Health, Inc., its affiliates, and subsidiaries (collectively the "CentraSystem") are not liable for any exposure to or contraction of infectious diseases that you may experience as a result of your participation in activities within the Centra System, including, but not limited to, educational/clinical rotations. The Centra System is not liable for any interruptions, postponements, or delays in your academic advancement due to isolation for or treatment of any infectious diseases you may experience as a result of your participation in activities within the Centra System, including, but not limited to, your educational/clinical rotation. If you have concerns about your educational experience within the Centra System at this time, please contact the Office of Medical Education and Student Affairs.

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Student/Parent or Guardian Signature

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Date

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Print Name

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Date

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Relationship to Student