

Student COVID-19 Screening Attestation

_____ [Insert Name of the Student] (the "Student") is a student at _____ [Insert Name of the School] that is participating in a clinical learning experience at a facility owned or operated by the Centra System. Student does hereby attest and certify that the following is true any time they come on-site to a facility owned or operated by the Centra System as part of their clinical learning experience:

- He/she will not come on-site to a Centra System Facility if he/she has any of the following symptoms:
 - Cough
 - Shortness of breath
 - Fever (greater or equal to 100.4°F)
 - Recent loss of taste or smell
 - Body Aches or tiredness
 - Stomach upset such as nausea, vomiting, or diarrhea
- He/she will check his or her temperature before entering a Centra System Facility.
- He/she will properly wear a face mask covering his or her mouth and nose at all times while inside a Centra System Facility.
- He/she will practice appropriate social distancing, in accordance with current Centra System guidelines, while inside a Centra System Facility.
- He/she volunteer will wash or sanitize hands upon entry into a Centra System Facility and frequently thereafter.

This is a continuing Attestation which shall remain in effect so long as the Student come on-site to Centra System facilities.

Student/Parent or Guardian Signature

[Print Name]

[Relationship to Student]

Date: _____