

### Student Attestation for Clinical Rotation

In effort to ensure the safety and health of myself, PLH employees, and patients, I attest that I will not come to clinical if sick and/or if experiencing symptoms of COVID-19 (see symptom information below).

- I acknowledge that if I experience any of the noted symptoms, I will self-monitor and will not return to the clinical site until: at least 3 days (72 hours) since recovery, defined as resolution of fever without the use of fever-reducing medications, improvement in respiratory symptoms AND at least **10** days since symptoms first appeared. I understand I will need to be cleared by John Rogers, Clinical Education/Student Placement Coordinator, before I can return to rotations at Placentia-Linda Hospital.
- I acknowledge that if I have symptoms, I will notify my clinical instructor and not show up to the facility for my rotation.
- I acknowledge that if I had symptoms, I may be required to bring in copies of two negative COVID-19 tests before I will be allowed to return.
- I acknowledge that by arriving for a clinical rotation day accounts for a daily attestation that I meet the above criteria. This includes wearing the appropriate facemask/respirator and eye protection for all patient interactions.
- I acknowledge that I will wear personal protective equipment (PPE) according to hospital guidelines in order to protect myself, my patients and PLH employees.
- I acknowledge that I, nor my family, cannot/will not hold Placentia-Linda Hospital, its parent company Tenet Healthcare, the staff, or the patients accountable for any, actual, potential, or future damages, if I am to contract COVID-19 during the dates I am completing clinical rotations at Placentia-Linda Hospital.

**Per the Centers for Disease Control and Prevention (CDC) symptoms of COVID-19 are:**

Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

***\*This information is subject to change based on the CDCs guidance, and if updates are made, current information will be released to employees.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Type (RN, PA, ETC)

\_\_\_\_\_  
School