

## **ACKNOWLEDGEMENT OF RISK/EXTERNAL EXPERIENCE FOR CREDIT**

The novel coronavirus, COVID-19, continues to be a highly infectious, life-threatening disease. COVID-19's highly contagious nature, particularly with new strains of the virus like the Delta variant, means that exposure, especially through contact with others, can lead to infection.

**Illinois State University cannot guarantee a risk-free environment. The best way to protect yourself is the COVID-19 vaccine.**

While acknowledging that it is impossible to prevent or fully mitigate the risk of COVID-19 infection, in order to reduce risk for Illinois State University students, faculty and staff, and members of the community the University has put in place the following COVID-19 safety mitigation measures. These measures may be updated or modified as circumstances evolve.

The undersigned acknowledges he/she is a student at Illinois State University ("ISU"), and wishes to participate in a pre-student teaching, student teaching, professional practice, clinical hours, internships, and/ or other external experiences (hereafter "clinical experiences"). In consideration of ISU's support of the internship, and credit to be earned because of my participation in clinical experiences, the undersigned understands and acknowledges the following:

- 1) The undersigned understands that while IDPH and other public health authorities have recommended public health rules and precautions in order to mitigate the spread of COVID-19, which may be updated at any time, that it is impossible to prevent or fully mitigate the risk of COVID-19 infection.
- 2) The undersigned certifies that he/she/they can participate in this clinical experience.
- 3) The undersigned agrees that he/she/they is subject to and will observe the standards of conduct set forth in [University procedures and guidelines related to COVID](#), University polices, procedure and guidelines, and the [Code of Student Conduct, which](#) include but are not limited to:
  - a. Students, faculty, and staff who are taking courses or working on campus, are required to provide evidence to Student Health Services (SHS) of receiving an approved COVID-19 vaccination (Instructions can be accessed at the [University's COVID-19 response page](#).)
  - b. Beginning August 9, 2021, students, faculty, and staff who have not provided Student Health Services (SHS) with evidence of vaccination are required to participate in weekly on-campus saliva-based COVID-19 testing provided by SHIELD Illinois. Individuals are considered fully vaccinated two weeks after their second dose in a 2-dose series or two weeks after a single-dose vaccine. There is no exemption process for the COVID-19 vaccine requirement. If you are a student who needs an accommodation from this requirement, please contact [Student Access and Accommodation Services](#). If you are an employee who needs an accommodation, please contact the [Office of Equal Opportunity and Access](#).

- c. Follow all face covering requirements described at the University's [COVID-19 response](#) site.
- 4) The undersigned agrees that in addition to any University requirements, he/she/they is subject to any applicable policies and/or procedures of the clinical experience site.

This could include a COVID-19 vaccination and/or testing requirement. If a site has a specific requirement you have three (3) choices:

  1. Comply with the requirement.
  2. Request an exemption or accommodation from the site directly. Please understand that the site controls who can assess the site based on its rules and policies. ISU's testing protocol and/or testing exemption process does not extend to site-specific requirements.
  3. Request a replacement site. Please understand that the University may not be able to find an alternate placement. In addition, there may be no alternate placement available in the current semester, causing you to experience a delay in completion of the clinical experience and potentially delay graduation.
- 5) The undersigned understands that the clinical experience may take place at a third-party site that may have health and safety standards different from those at ISU, and that undersigned may be subjected to potential risks such as illness or injury. These risks may arise from causes which are many and varied and may not be foreseeable.
- 6) The undersigned acknowledges and understands that the third-party site is not under the control of ISU and that ISU cannot ensure the appropriateness of the clinical experience site, and that ISU makes no assurances, expressed or implied, about the safety or suitability of the site.
- 7) The undersigned represents that he/she/they will either undertake a personal investigation of the site and/or will otherwise knowingly assume any risks associated with participating in a clinical experience at the site.
- 8) The undersigned will obtain and maintain health, accident, disability, hospitalization and/or travel insurance as he/she/they may deem necessary during the clinical experience and will be responsible for the costs of such insurance and for any expenses incurred that are not covered by insurance.
- 9) The undersigned acknowledges and agrees that ISU is not responsible for providing any automobile insurance coverage if he/she/they choose to use a personal vehicle for the benefit of the clinical experience site while performing this clinical experience. The undersigned also understands that he/she/they is fully responsible for any travel to and from the professional practice, and/or housing at the clinical experience site.
- 10) The undersigned acknowledges and agrees that the clinical site may make changes and/or have interruptions to the clinical experience and ISU will not be responsible for any damages, losses, interruption, or liability of the undersigned, that arise from circumstances beyond the control of ISU (including without limitation strikes, work

stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, business interruptions, disease, national or local emergency, government action or inaction, travel restrictions, loss or malfunctions of utilities, communications or computer (software and hardware) services). The undersigned agrees he/she/they takes full responsible for any such damages, losses, or liabilities.

I have read this acknowledgement of risk and fully understand its terms.

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_