**STUDENT CLINICAL ROTATION for NON DMC EMPLOYEES**

**INFECTION CONTROL COVID RELATED ATTESTATION**

**Check One Below:**

\_\_ Initial Attestation:

\_\_ Week of \_\_\_\_\_\_\_\_\_\_\_\_\_ Attestation

**Student’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Affiliated School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Clinical Rotation Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been vaccinated for COVID-19: If yes check YES below and please supply the vaccine information, sign and date the form (you must still review DMC’s Infection Control practices). If you have not been vaccinated or only received 1 dose you must complete this form in its entirety**

□ YES: Name of Vaccine Manufacture \_\_\_\_\_\_\_\_\_\_\_Date of 1st Dose\_\_\_\_\_\_ Date of 2ndDose \_\_\_\_\_\_

**INITIAL ATTESTATION:**

At the onset of your clinical rotation at a DMC facility you attest by your signature below that you have reviewed and will abide by all of DMC’s infection control practices including but not limited to;

* Proper use of PPE
* Donning and Doffing of PPE
* Hand Hygiene
* Prohibiting of Lab Coats

In addition, your signature attests that you are not experiencing any of the symptoms listed below at the onset of your clinical rotation at DMC.

**WEEKLY ATTESTATION: (Only needed if the student has not been vaccinated)**

Upon entry to the DMC facility each Monday you will provide to the Security Officer at the entrance of the building an attestation that you are not experiencing 1 or more of the symptoms listed. The attestation will be completed using this form by;

* Checking at the top of the form; **Week of \_\_\_\_\_\_\_ Attestation** and inserting the beginning date of the week for which you are attesting
* Signing and dating theform

**Symptoms**

|  |  |  |  |
| --- | --- | --- | --- |
| * Coughing | * Shortness of Breath | * Fever (> 100.4) | * Chills, including repeated shaking with chills |
| * Muscle Pain | * Headache | * Sore Throat | * Significant loss of appetite |
| * Fatigue | * Diarrhea | * Loss of taste and/or smell |  |

**If Symptoms Develop During Your Clinical Rotation:**

If you experience 1 or more of these symptoms during your clinical rotation you will not enter a DMC facility as a student (you may enter the facility as a patient seeking medical care), you will contact the Central Campus Occupational Health Services (OHS) at (313) 745-5123. OHS will provide you with further information including requirements necessary to be cleared to return to a DMC facility. You should also contact the Coordinator of your school’s clinical rotation at this time.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date**

**HR/Jan2021/JE**