

UF HEALTH STUDENT COVID-19 Pledge

HELP KEEP OUR CAMPUS COMMUNITY SAFER.

As students in the health professions at UF Health, we are committed to working together to promote safety and a culture of care and concern for each other and for our patients. Across our academic health center's missions of research, teaching and patient care, we must lead by example and take individual responsibility for modeling healthy habits and behaviors to minimize the spread of COVID-19.

BY SIGNING AND SUBMITTING THIS FORM TO MY COLLEGE, I HEREBY AGREE TO THE FOLLOWING:

- I have read and understand the [CDC Social Distancing Recommendations](#).
- I will comply with the public health measures the university has implemented and will do so, both on and off campus, until the university indicates it is no longer necessary. These practices include:
 1. Physically distancing from others when not caring for patients or in unique laboratory situations.
 2. Wearing a face mask or cloth face covering while attending classes or working in or passing through UF and UF Health facilities (including in public/common areas such as lobbies, elevators, stairwells, conference rooms, bathrooms and lounges). Exceptions include when in private offices, private work spaces with adequate physical barriers, and well-ventilated outdoor spaces where appropriate physical distancing can be maintained.
 3. Wearing appropriate PPE at all times during patient care and also in laboratory settings when expected.
 4. Avoiding crowded places (including gatherings/parties with more than 10 people).
 5. Engaging in frequent handwashing and/or use of hand sanitizer.
 6. Restricting travel. [Please read CDC considerations for travel](#).
- I will follow my college's requirements and use appropriate PPE at all times in our clinics and practices, and in laboratory settings where required.
- I will adhere to the schedule I have been assigned and only come into our UF/UF Health facilities when designated.
- I understand that practicing these behaviors is my responsibility, and that a positive COVID-19 test may result in disruptions to my clinical, research and/or educational program.
- I will not come on-site with a fever of 100.4° or greater or any other symptoms of COVID-19 (see below). I understand if I do, I will be sent home.
- If I have possible exposure to COVID-19 or experience symptoms, I agree to immediately contact the Student Health Care Center for guidance (352-392-1161), self-isolate, complete COVID-19 testing if appropriate, and notify my college's Office of Academic Affairs. I understand that practicing the behaviors outlined above is my responsibility, and that a positive COVID-19 test may result in delays to completing my educational and/or training programs. I acknowledge that the college and/or university will work with me to minimize potential program impacts.
- I will complete/have completed the COVID-19 screening questionnaire and testing as instructed prior to my first fall clinical experience or fall classroom/lab experiences through the UF Health Screen, Test & Protect initiative (<https://coronavirus.ufhealth.org/screen-test-protect/>).

COVID-19 SYMPTOMS

See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> for information about COVID-19 symptoms, which may include fever, cough, shortness of breath or difficulty breathing, fatigue, chills, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and loss of taste or smell.

Examples of possible exposure include being in close contact with someone who has been diagnosed with COVID-19 or who is exhibiting symptoms of COVID-19, or travel on a cruise ship or river boat, or international travel within the past two weeks.

Name (print): _____

Signature: _____