



## COVID-19 Acknowledgement and Release

I, \_\_\_\_\_, as a condition of Juniata College agreeing to admit me as a student of the College during the COVID-19 pandemic, agree to abide by all provisions of the Policies of Juniata College regarding COVID-19, including, but not limited to:

*[Initial each item]*

- 1. Participating in COVID-19 testing, either upon return to Campus and/or for monitoring at anytime during the academic year, and to be billed additionally for COVID-19 testing required by my behavioral and travel choices.
- 2. As it relates to COVID-19 tests:
  - a. I waive privacy protections afforded to me by the Health Insurance Portability and Accountability Act (HIPPA) such that results of COVID-19 tests administered to me may be shared between Juniata Health Services and the Dean of Students Office.
  - b. I waive privacy protections afforded to me by the Health Insurance Portability and Accountability Act (HIPPA) such that a positive result of any COVID-19 tests administered to me may be shared by the College with my emergency contact listed in my personal safety plan, and/or my legal parent/guardian.
- 3. Understanding that although most modes of instruction will be in-person, that some instruction may be on-line or in hybrid format.
- 4. The wearing of masks throughout the Campus.
- 5. Maintaining social distancing throughout the Campus, including academic buildings, classrooms, and dining areas.
- 6. Agreeing to self-monitor and accurately report COVID-19 symptoms on a daily basis and have one's temperature checked as directed on campus.
- 7. Agreeing to adherence to the provisions of the Full Measure mobile solution on my cell phones and timely responses to its text prompts; and agreement to opt-in to text messages from Full Measure on behalf of Juniata College.
- 8. Agreeing to the Residential Life and Public Safety Policies regarding visitors to dormitories and the restrictions on leaving the Juniata Campus.
- 9. Agreeing not to visit other college or university campuses or areas adjacent to or affiliated/associated with said campuses.
- 10. Agreeing to isolate/quarantine upon request of health professionals of the College.
- 11. Understanding that failure to comply with COVID-19 behavioral expectations may result in my immediate removal from the residential community on a temporary or permanent basis, transition to remote learning status, and forfeiture of remaining housing/board charges.
  
- In addition, I hereby acknowledge the risk of COVID-19 for being on the Juniata College Campus, and I agree to release and hold harmless Juniata College in the event I contract the COVID-19 virus.

<i>Signature</i>	<i>Name (printed)</i>	<i>Juniata ID#</i>	<i>Date</i>
<i>Parent signature</i> <i>Parent signature required for students under 18 years old</i>	<i>Parent name (printed)</i>		<i>Date</i>



## COVID-19 Testing Informed Consent

Please carefully read and sign the following Informed Consent:

1. I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through an OP (oropharyngeal) swab, as ordered by an authorized medical provider or public health official.
2. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
3. I understand that the State of Pennsylvania has put in place a number of measures intended to mitigate risk and reduce the spread of coronavirus: <https://www.pa.gov/guides/responding-to-covid-19/> including the requirement of universal face coverings in public places, limitations on gatherings and travel restrictions.
4. I acknowledge that a positive test result may result in additional requirements or limitations imposed by the Department of Health, such as a period of isolation.
5. I understand the testing unit is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results.
6. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
7. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Provide your current cell number by which you may be contacted with test results: \_\_\_\_\_

_____ <i>Signature</i>	_____ <i>Name (printed)</i>	_____ <i>Juniata ID#</i>	_____ <i>Date</i>
_____ <i>Parent signature</i>	_____ <i>Parent name (printed)</i>		_____ <i>Date</i>

