

Quinnipiac University  
Internship/Clinical Practicum Opt-In or Opt-Out Consent during the COVID-19 Pandemic

Semester:

Name:

School-Please circle: SHS    SOM    SON    SOB    SOE    SOC    SED    CAS    LAW

Program of Study:

Internship/Clinical Practicum Site:

Please choose between the following Opt-In and Opt-Out preferences and sign your name on the signature line below the chosen preference. Return to your designated School/Internship Coordinator.

**Opt-In Preference:** I understand the symptoms and risks of infection by COVID-19. Based on the information I have received or can obtain from Quinnipiac University, the Clinical Agency, the State of Connecticut, and the Center for Disease Control, I choose to attend internship/clinical activities where I acknowledge the possibility that I may be exposed to COVID-19. I agree to not be knowingly involved in any direct contact with individuals who may have a suspected, presumptive, or confirmed COVID-19 infection while in the internship/clinical setting.

I agree to immediately inform my School/Internship Coordinator if appropriate Personal Protective Equipment (PPE) is not provided to me as required by applicable state and federal law.

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I also agree to the following:

- Attestation of completion of all required training.
- Accept responsibility and conduct myself responsibly by following all applicable advice and directives to prevent transmission.
- Request for accommodations through Office of Student Accessibility if necessary (note that accommodations cannot be made retroactively.)
- Reporting on inadequate PPE.
- Review of PPE policy and required training at each site.
- Completion of any health screening required by the Internship site or QU.
- Commitment to reporting if site is not in compliance with any federal, state, and local guidance or requirements related to COVID-19.
- Commitment to reporting any exposure to community member with known or possible COVID-19.
- Commitment to monitoring self for signs and symptoms of COVID-19 using CDC guidelines and reporting these as per QU/School/Internship Site protocols.

Because my academic program requires internship hours, I acknowledge that the University has provided me the option to complete the required hours at the internship site. I understand that I may be removed from the site at any time if the site or the University decides to suspend internships. If this occurs, I am aware and understand that it is highly likely that

my completion date in the program may be extended. If I am exhibiting any symptoms of COVID-19, I will immediately notify my Internship Coordinator, Student Health Services and/or Quinnipiac's Office of Human Resources and my healthcare professional provider and follow their guidelines and self-isolate as directed. I understand that the decision to attend my internship is voluntary and non-participation will not jeopardize my standing in my program of study, however it will impact my completion date. I understand and assume the risks associated with attending my internship/clinical practicum at this time and would like to continue my internship experience.

By choosing to attend the on-site internship/clinical practicum, I agree to abide by both the University and Site's policies and procedures related to COVID-19. I voluntarily and knowingly assume the risk of exposure to or infection of COVID-19 by using the services or premises, and that such exposure or infection may result in personal injury or illness. I acknowledge that it is impossible to fully mitigate the risk of becoming exposed to or infected by COVID-19 and that such exposure or infection may result from the actions, omissions, or negligence of the Student, university faculty and staff and internship/clinical practicum community.

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**Opt-In Student Signature**

**Date:**

**Opt-Out Preference:** I understand the symptoms and risks of infection by COVID-19. I am also aware and understand that it is highly likely that my completion date in the program may be extended if I chose to not participate in an on-site internship experience during the current semester. Requesting to return to the internship/clinical practicum during the current semester will be dependent upon placement availability. If I am exhibiting any symptoms of COVID-19, I will immediately notify my internship coordinator, Student Health Services and call my healthcare professional provider and self-isolate as directed. I understand that this decision is voluntary and will not jeopardize my standing in my program of study, however, it will impact my program completion date.

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**Opt-Out Student Signature**

**Date:**