

**Mailing Address**  
P.O. Box 4019  
Atlanta, GA 30302-4019

Phone 404-413-1200  
Fax 404-413-1205



## LEWIS COLLEGE STUDENT ATTESTATION FORM (2023)

Most professional academic programs within the Lewis College include a clinical component that requires students to be present in hospitals, clinics, private practices, or other community sites to further their professional development in their chosen fields. Although all such clinical programs have always involved some degree of personal and professional risk, the current global COVID-19 pandemic presents risks of a unique and uncertain nature.

Accordingly, to begin the clinical placements to which you have been assigned in fulfillment of certain academic requirements, you are required to acknowledge that you have read and understand the following:

- Your Placement Site is responsible for following all applicable federal, state, county, and other local rules and regulations regarding the reopening of their business and student placement. The Lewis College cannot guarantee that your Placement Site complies with such rules and regulations. If your Placement Site must close or you are not permitted to continue your placement for whatever reason, your academic progress may be impacted.
- Your Placement Site may or may not provide you with the appropriate personal protective equipment (PPE) as necessary for your duties and you are required to follow all the rules, regulations, and requirements set forth by your Placement Site for the use of PPE as well as all other worksite rules. These standards include (but are not limited to): Wearing a surgical mask at all times and practicing appropriate hand hygiene practices. In some clinical environments, you may be required to wear eye protection and/or disposable gloves.
- If at any time, you feel unsafe to perform your duties and complete your clinical education opportunity safely, you may leave the Placement Site. If you choose to leave your Placement position, your academic progress may be impacted.
- There are dangers and risks to which you may be exposed by choosing to participate in this clinical education opportunity. Among other things, clinical education in a health care setting includes a wide variety of risks, including exposure to bodily fluids, and COVID-19 in particular poses risks including upper-respiratory illness, hospitalization, and loss of life. The Lewis College cannot make any guarantees regarding whether you will contract the COVID-19 virus if you choose to participate in this clinical education opportunity.
- You understand that if you choose not to or are unable to resume clinical experiences as they become available, you may be permitted to take a leave of absence and complete core clinical experiences later. This may impact the timeline for my progression toward graduation.
- You are encouraged not to resume clinical experiences if you feel you are at increased risk due to personal or health issues and that you will be permitted to take a leave of absence and complete your core clinical experiences later. This may impact the timeline for your progression toward graduation.
- If you are concerned about exposure to COVID-19, you may decline to participate in this clinical education opportunity. However, your academic progress may be impacted.

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- You understand that you are only permitted to resume clinical experiences if you do not have symptoms of illness. You understand that if you develop symptoms of illness, you must contact your respective clinical preceptor, program director/coordinator. You must comply with the requirements for self-quarantine and/or isolation before beginning or returning to clinical practice.
- You agree to comply with all compliance and safety rules, and health screening practices for entry, of the various clinical learning environments where you are assigned.

**IF YOU BELIEVE YOUR ACADEMIC PROGRESS WILL BE IMPACTED FOR ANY OF THE ABOVE REASONS –OR FOR ANY OTHER REASON—YOU MUST IMMEDIATELY CONSULT WITH YOUR ACADEMIC ADVISOR TO CONSIDER ACADEMIC ALTERNATIVES OR CHANGES THAT WILL ADDRESS ACADEMIC PROGRESS AND /OR ON-TIME GRADUATION.**

Your acknowledgment below indicates that you have read and understand the above conditions associated with your clinical placement (2023).

I, \_\_\_\_\_(printed name), have read, understand, and accept the above

conditions related to my clinical placement for \_\_\_\_\_.

Date Signed: \_\_\_\_\_