

 **Point of Care Ultrasound (PoCUS) Consent to Participate in On-campus and Clinical Activities**

I am aware; the COVID-19 virus is highly contagious and has been declared a worldwide pandemic by the World Health Organization (WHO). Although the university and clinical affiliates have developed many policies and procedures to help mitigate the spread of the COVID-19 virus, I understand there is still risk involved with my return to on-campus activities and clinical skills sessions.

I acknowledge and understand that returning to clinic and on-campus activities is strictly voluntary and I may withdraw and request a leave of absence at any time if health and safety concerns arise. I also acknowledge and understand my decision to voluntarily end classes or clinical skills sessions may result in a delay of progression or graduation.

By signing this agreement, I voluntarily assume the risk of possible exposure to the COVID-19 virus by participating in clinical rotations and/or on-campus activities. I will take full responsibility for any consequences which may arise because of my participation.

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Student Name (Printed) Student Name (Signed)

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Date form is signed