



Visiting Student COVID-19 Attestation

Dear Student:

We look forward to having you visit USF Health Morsani College of Medicine (MCOM) for an in-person visiting student rotation. As USF MCOM does not own its hospital, we rely on our affiliations with local hospitals and clinics that partner with us to provide clinical experiences for medical students.

Each of these sites has its own COVID-19 screening mechanism before entry, including, but not limited to, a symptom survey and/or temperature reading. Additionally, each site has specific requirements for Personal Protective Equipment (PPE), such as masks and eye protection.

By signing below, I attest that I will cooperate with the COVID-19 screening procedures and PPE requirements at each clinical site. I further attest that I will immediately contact my elective coordinator at USF, the Office of the Registrar at USF MCOM, and my home institution, should any of the following circumstances occur in the 2-weeks prior to or during the rotation:

1. I am symptomatic for COVID-19, regardless of having been tested or receiving a negative result on a recent test.
2. I am tested for COVID-19 and receive a positive result, regardless of whether I am asymptomatic.
3. I am denied entry to a clinical site following the completion of the COVID-19 screening procedures.

Signature

Date

Student name: _____

Student email: _____

Home (student) institution: _____

Elective Location(s): _____