

COVID-19 Informed Consent Form

Please carefully read, review, and complete the below statements. You can find additional information on CEA's [COVID Response](#) page, and [CEA's Policies](#). If you have any questions or concerns specific to CEA's COVID-19 response, you may also reach out to CEA's Director of Health, Safety & Student Affairs, [Elizabeth Kather](#).

In further consideration for participating in CEA programs, I acknowledge as follows (please initial each statement):

_____ 1. I am aware of the health risks presented by COVID-19, and understand I am solely responsible for protecting and maintaining my health, and I agree to follow all recommended practices and policies put in place by CEA and local authorities related to COVID-19.

_____ 2. I am aware of the health risks to others presented by COVID-19, and will follow all recommended practices and policies put in place by CEA and local authorities to minimize exposure to and transmission of COVID-19 to others.

_____ 3. I understand that due to health precautions as well as local laws, CEA staff may be limited in their response and support should I exhibit any known symptoms of COVID-19 or test positive for COVID-19, for the protection of their own health and that of others.

_____ 4. I understand if, due to a suspected or confirmed diagnosis of COVID-19, I must comply with prescribed practices of care, testing, and self-isolation for the recommended designated time. If I fail to comply, I will be subject to dismissal from the program for not following the directions of health care providers, CEA and local authorities.

_____ 5. I understand that CEA is not responsible for expenses associated with self-isolation &/or for treatment for health matters and diagnoses, including COVID-19. I am solely responsible for protecting and maintaining my personal health and wellbeing, and the expenses of self-isolation &/or treatment as necessary.

_____ 6. I understand that I am responsible for my academic program requirements whether attending in person or remotely due to required self-isolation. I further understand I will be subject to dismissal from the program for failure to make satisfactory academic progress and forego any academic credit.

By initialing the above statements and submitting this form, I acknowledge I have read and understand the above information.

*** This consent form was digitally initialed and acknowledged by {Student Name} on {completed date and time}***

SUBMIT

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