



Student COVID-19 Acknowledgement

Name: _____ School: _____

Date of Externship: _____ MMG Clinic: _____

By accepting an externship/rotation at a McLaren Health Care (MHC) facility, I acknowledge that I am doing so because my school is affiliated with MHC. I will follow any and all policies regarding this externship/rotation set forth by school.

I understand that my externship/rotation(s) may be altered or canceled at anytime to meet the needs of MHC, its staff/trainees, and/or its patient population due to circumstances surrounding COVID-19. Additionally, local, state, and national guidelines may impact my time in training and/or ability to extern/rotate.

I understand that I may be exposed to COVID-19 and other contagious diseases both at MHC and in the community. If I experience symptoms related to COVID-19, **I will not report to my externship/rotation and will contact my MHC clinic manager, school coordinator and MHC recruiter** as soon as possible. It is my responsibility to follow my school's process for any other course of action. I understand that receiving a diagnosis and applicable treatment is my responsibility. MHC will not be responsible for advising me on my course of care and MHC Employee Health Services will not be available to me as I am deemed a non-employee. **I agree to maintain communication with my MHC clinic manager, school coordinator and MHC recruiter** as to when I have been cleared to return to my externship by my physician and school coordinator in accordance with CDC guidelines.

By signing below, I agree to the above stated terms and conditions. I understand that the circumstances surrounding these areas may be subject to change at any time.

Print: _____

Sign: _____

Date: _____