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**Out of State Med Student Travel & Infection Control Agreement Form**

Name: Clinical Sponsor:

Date arrived to Juneau: \_\_\_\_\_\_\_\_\_\_

Date rotation starts @ BRH: \_\_\_\_\_\_\_\_\_\_

Students home location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of rotation at BRH: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Date of #1 PCR test\_\_\_\_\_\_\_\_\_

*Please attach copy of PCR testing results* ❑

Date of second PCR test *(7-14 days after arrival date)* \_\_\_\_\_\_\_\_\_\_

*Please attach copy of PCR testing results* ❑

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| --- | --- | --- |
| Risk Levels | Example High Risk Activities/ Locations | Check if you engaged in any of these or similar activities |
| 9 | Bars, Crowded outdoor/ indoor areas, sports stadiums, concerts |  |
| 8 | Gyms, Indoor Church Services, Amusement Parks, Buffets |  |
| 7 | Playing Basketball, Public Pools, Schools |  |
| 6 | Casinos, Indoor Restaurants, Playgrounds, Hair Salons, Movie Theaters |  |
| 5 | Home Dinner Parties, Airplanes, Backyard BBQs, Beaches, Malls, Bowling |  |

I attest that I maintained all of the recommended CDC mitigation behaviors such as social distancing from those not in social bubble, excellent hand hygiene, universal masking when around those not in social bubble, and actively monitoring health & symptoms. I understand that any breach in these mitigation behaviors may result in suspension of student’s privilege of being on BRH campus.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

During the 14 days ***after*** arriving from out of state, the medical student is to actively monitor temperature and symptoms ***twice daily*** for 14 days. Please submit screening and temps via smart sheets. If you develop mild symptoms call 586-6000 and request testing. Let BRH employee health know you are getting a test and share results with employee health. Follow Bartlett procedures for calling in sick for a scheduled shift. Employee Health phone: 796-8621 ∞ Infection Prevention phone: 796-8413

Please sign this form as an agreement of behaviors. Submit your PCR testing results and risk of exposure vie smart sheets: <https://app.smartsheet.com/b/form/885e63cf325b48948f5db3797b6e88d2>

Or scan and send to IPinfo@bartletthospital.org