

Student Commitment Form

Name: Perima Shah

Acknowledgment Date: 11/02/2020

You've selected the option:

I am **not** enrolled in classes or a degree program that requires clinical experiences. I understand that should I change my degree or elect to take classes with a clinical component, additional requirements would apply to me.

Indiana University is concerned for the health and well-being of the entire community.

Indiana University is excited to welcome students back to campus. The way COVID-19 is transmitted means your behavior and actions impact not only your well-being, but also the well-being of every other person with whom you interact or share space. Because IU's highest priority is the safety of its campus communities, IU has developed the following expectations for all students to promote campus health and safety.

In order to remain enrolled as a student at IU during the Spring 2021 semester, Summer 2021 sessions, and Fall 2021 semester, you must review and submit this form, even if you do not plan to attend classes or events in person or on campus. Additionally, you must follow all the guidelines and recommendations from IU and your respective school and/or program, including the expectations detailed below.

Contact information

I agree to:

To keep my personal and emergency contact information up to date in the Student Information Services by:

1. Going to one.iu.edu
2. Searching for the "Personal Information" application
3. Updating my
 - campus address

- cell phone number
- emergency contact

Update contact information in one.iu.edu

Campus & community requirements

Flu Vaccination Requirement

Prior to returning to campus for the Spring 2021 semester, and as required by IU for future semesters, I will receive the flu vaccination and report my vaccination by submitting the [Flu Vaccination Reporting Form](#). I understand I do not need to fill out this form if I got my flu vaccine at an IU flu vaccine clinic or an IU campus health center. I understand that in very limited circumstances an exemption may be granted, and that I must submit a request for an exemption [here](#).

While on campus or within the local community where campus is located, I will:

- a. Practice good personal hygiene (washing hands frequently with soap and water, or a hand sanitizer with at least 60% alcohol if soap is unavailable).
- b. Wear a cloth face covering that covers my nose and mouth on campus in all hallways, elevators, public spaces, classrooms and common areas, and when entering/exiting all IU buildings, as well as in all spaces where physical distancing is difficult to maintain including both private indoor spaces and outdoor spaces.
- c. Practice physical distancing by staying 6 feet apart from others.
- d. Adhere to other guidelines and requirements when adopted by IU, local authorities, or public health authorities, to address changed incidence rates or new scientific information about how best to protect me and others from getting infected.

Monitor your health

When I start classes, I will:

1. Have a thermometer where I live and will take my temperature daily prior to coming onto campus or going into the community where campus is located.
2. Routinely monitor my health and take reasonable precautions to minimize my exposure to COVID-19 infection.
3. Immediately notify IU Health via the [screening portal](#), if any one of the following occur:
 - a. I have a fever (temperature of 100.4 degrees Fahrenheit or greater).

- b. I am exhibiting other symptoms consistent with COVID-19 infection (e.g., cough, sore throat, fever, chills, muscle or body aches, loss of sense of smell or taste, fatigue, headache, shortness of breath, difficulty breathing, congestion or runny nose, nausea and vomiting, diarrhea).

I understand that I am free to consult with my private medical provider or to see a medical provider at the Student Health Center if available on my campus.

COVID-19 testing

I understand and agree to the following:

- **If I am required to participate in on-arrival testing**, to follow all requirements associated with such testing.
- **If I am identified as a contact of anyone determined to be positive for COVID-19**, to immediately self-quarantine for fourteen (14) days from last known exposure and until I am released via Twistle (or other system as determined by IU), which I will enroll in and use for the duration of my quarantine, and, if recommended, to be tested for COVID-19. I understand this means I can return to my normal routine and living situation on day 15.
- **If I develop symptoms of COVID-19**, to immediately self-isolate until I have been evaluated through the IU Health screening portal or by a healthcare provider and, if recommended by the portal or a health care provider, been tested for COVID-19. This includes not coming onto campus if I live off-campus, and remaining in a space designated by IU if I live on-campus.
- **If I am selected for mitigation testing**, to participate in accordance with all requirements of such testing, including any requirements that may be updated or modified from time to time by IU. However, I understand I should NOT attend mitigation testing on campus if I am currently in quarantine or isolation, or if I am symptomatic, in which case I should use the [IU Health screening portal](#).

To immediately notify IU by filling out this [COVID-19 Reporting Form](#) if:

- a. I am determined to be positive or presumed positive for COVID-19 by a medical provider outside of IU Health or the Student Health Center.
- b. I have been identified as a close contact by a local or state health official.
- c. I have been exposed or have reason to believe I have been exposed to COVID-19.
- d. I have been advised by a healthcare professional not to attend class, to self-quarantine, or to self-isolate due to actual or possible COVID-19 infection or exposure.

If I'm positive for COVID-19 (or presumed to be)

If I am determined to be positive or presumed positive for COVID-19 to self-isolate either in a separate room within my off campus housing, at my home, or in a location designated by the residential services staff if I live on campus for **at least 10 days**, or the current minimum recommended by the CDC, as follows:

- a. If I am symptomatic, 10 days from the start of my symptoms and until my symptoms have improved.
- b. If I am asymptomatic, 10 days from the date of my positive test. If I am asymptomatic at the point of my positive test and later become symptomatic, the 10-day isolation timeline begins again on the first day I become symptomatic.
- c. If I receive a positive test result through mitigation testing, 10 days from the date of my positive test, even if I experienced symptoms prior to that date.

In all instances, the 10-day isolation timeline must be completed in full and as directed by IU (including contract tracers). I understand IU health officials or contact tracers may determine the date on which my 10-day timeline begins or resets, and I understand that I must be released through Twistle (or other system as determined by IU), which I will enroll in and use during the period of my isolation. I understand this means I can return to my normal routine and living situation on day 11.

I agree to participate, without delay, fully and honestly with IU and public health officials tasked with contact tracing to determine whom I might have potentially exposed to COVID-19.

Clinical experiences and COVID-19 risk

IU students and trainees (medical residents) who are enrolled in degree programs or coursework at IU that required the student to engage in experiential learning at a clinic, physician office, health care facility or other institution involved in delivery of healthcare (including social, behavioral and mental health) services may be at greater risk.

Examples include ***but are not limited to*** nursing, programs in the School of Health and Human Services, medicine, social work, dentistry, optometry, speech and hearing, athletic training, and allied healthcare services programs.

- I am not enrolled in classes or a degree program that requires clinical experiences. I understand that should I change my degree or elect to take classes with a clinical component, additional requirements would apply to me.
- I am enrolled or intend to enroll in classes that require clinical experiences.

Acknowledge and commit

I have **read, understand, and agree** to meet all expectations described in this form. In addition, I agree:

- a. To follow all IU directives and guidance related to quarantine and isolation protocols, as well as any other requirements or policies that may be implemented or adopted by IU to address the COVID-19 pandemic.
- b. To adhere to all state, city, and county orders and regulations related to COVID-19, including specifically and without limitation, those regarding gathering size, face coverings, and physical distancing.

These expectations are subject to change and will be updated as necessary by IU. Notice will be provided to students in order to provide sufficient opportunity to comply. By signing below, I acknowledge that I have read, understand, and agree to follow the expectations detailed in this document as a condition of my presence on campus, and further agree that I will make every effort to keep myself informed of any changes to these expectations. I understand that these expectations constitute university directives, policies, and procedures.

I understand that any violation may lead to student disciplinary proceedings and sanctions, including summary or interim suspension, as any violation of these expectations may be determined to be a serious threat of harm to the campus community or a continuing danger to persons or property within the meaning of the applicable campus summary or interim suspension policy, as well as sanctions pursuant to [IU's Sanctions for Noncompliance with COVID-19 Health and Safety Directives policy](#).

Thank you for reviewing the guidelines and committing to keep yourself and the IU community safe!