

## PROFESSIONAL RESPONSIBILITY STATEMENT

Name \_\_\_\_\_

Banner ID \_\_\_\_\_

To minimize the risk to public health while performing work at Rowan -students, staff and faculty are expected to adhere to public health practices to minimize the spread of COVID19. As an academic and healthcare entity, we are ethically responsible to provide for the care and safety of our patients, colleagues and students.

By signing this form you agree to adhere to the behaviors and expectations below.

These have been discussed with you by

\_\_\_\_\_ Department Supervisor \_\_\_\_\_ (date)

As a Rowan employee, I understand it is my responsibility, to the best of my ability, to promote and enforce these public health behaviors.

\_\_\_\_\_ I will limit my exposure to COVID-19 by maintaining social distancing guidelines professionally and personally.

\_\_\_\_\_ I will wear the appropriate personal protective equipment and practice proper handwashing techniques frequently.

\_\_\_\_\_ I agree to closely monitor my health and will not enter a University or clinical building or participate in face-to-face research activities if I develop or display symptoms of COVID-19, including but not limited to fever, respiratory distress and dry cough.

\_\_\_\_\_ As required, I will monitor my temperature daily. I will not enter a University or clinical building or participate in face-to-face research activities if my temperature exceeds 100 degrees Fahrenheit. I will respond accurately to daily intake procedures and will provide notification immediately if I feel I have become symptomatic during the work day.

\_\_\_\_\_ I agree to decontaminate work surfaces at the beginning and end of my work or as directed.

\_\_\_\_\_ I agree to follow other Rowan guidelines developed to protect our patients and to protect the public health as necessary.

\_\_\_\_\_ I understand that failure to follow these expected behaviors would be detrimental to the Rowan community and to public health efforts and may result in disciplinary action.

\_\_\_\_\_ I will comply with the policies and procedures established by Rowan University and affiliates for the protection of our students, patients, colleagues and visitors.

Signing this commitment to public health practices means that you have read, understand and respect the efforts described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date