

| l, | attest that my students have been educated on Covid-19 |
|--|---|
| Print name | - • |
| educational material if audited by | o attending clinical at CHI facilities. I can provide the y the Student Manager of CHI. I attest that our n place to allow faculty and students into the clinical |
| Surveillance and Detection Isolation, Quarantine, and Standard, Contact, and Air Proper Handwashing, Cou Selection and Appropriate | Containment |
| Instructor Signature | University |
| Date | |

For clinical at CHI St. Vincent, North, Morrilton, and Clinics, email form to

For clinical at CHI Hot Springs and Hot Springs Clinics, email form to

studentaccess@stvincenthealth.com or fax at 501-552-8684.

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