**Emory University Attestation Form**

**for Human Research Participants Visiting Emory Campus**

**Instructions**

***For Researchers Only***

* The attestation below is not required for: inpatient or outpatient research activities when the purpose of the visit is also clinical treatment at an Emory Healthcare facility. This exception would not apply to healthy volunteers.
* Present the participant with the form on the next page
* The participant must sign this form one time, at their first Emory campus study visit.
* The participant should be provided with their own blank copy of the attestation for their records.
* The signed attestation must be maintained on file by the research team.
* “Emory Campus” includes all University buildings and spaces, as well as all Emory Healthcare facilities.
* This document does not require IRB review or approval to be used in your study
* Please enter your study-specific information in the yellow highlighted spaces in the header and on the next page.

**Note**: This document asks the study participant to notify the researchers if he/she develops Covid-like symptoms after the study visit. The study PI is also responsible for notifying the participant if it is later found that he/she may have been exposed to Covid-19 during the research visit, in accordance with Emory policies and procedures.

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**for Human Research Participants Visiting Emory Campus**

By signing this document, I agree to abide by all federal, state, local, and Emory University mandates, policies, protocols, and procedures related to COVID-19. To protect myself and others in the community, I understand and agree to adhere to the following expectations, as directed by Emory:

1. I will not come to Emory campus if I am sick. Exceptions:
	1. the illness is an ongoing diagnosed medical condition that is not infectious; and/or
	2. the illness is the reason for my participation in the research study.
2. I will not come to Emory campus if, in the last **14** days, I have lived with, visited, cared for, or been in a room for prolonged period with someone who is suspected of or diagnosed with having Covid-19.
3. I will comply with any temperature screening requested by Emory staff.
4. I will always wear a face covering while on Emory campus, unless specifically asked to remove it by Emory research staff. (Note: Other protections will be put into place if face coverings are not feasible for certain study activities.)
5. I will practice social distancing by keeping at least six feet from other people who are not my personal companions.
6. If I become ill with any COVID-like symptoms, or test positive for the COVID-19 virus, within 14 days after a visit, I will notify the Emory research team immediately. I understand that I may be asked to provide information about who else I contacted during my visit to Emory campus.

**Contact**: [insert study team contact information]

1. I will practice good hygiene while on campus
	1. Good hygiene includes hand sanitizing/washing prior to arrival and before eating; covering mouth and nose with disposable tissue when sneezing or coughing; avoiding touching my eyes, nose and mouth; and not shaking hands.
2. If I visit an area of Emory campus that has added safety requirements, beyond those listed above, I agree to comply with them.
3. I understand that I will be asked to leave Emory campus if I will not follow these requirements, and this may result in my being withdrawn from the research study.

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Signature of Participant Date