UMMC COVID-19 Attestation

This is to certify that I have watched all the UMMC online videos pertaining to the Donning and Doffing Procedures. I also attest that I have viewed the Power Point Presentation from UMMC.

Please check each individual box

* PowerPoint Presentation: UMMS Infection Prevention
* Isolation Gown and Gloves
* Isolation Gown, Gloves, Surgical Mask with Goggles
* Surgical Mask with Face Shield
* Surgical Mask with Welder Shield
* N95 with Welder Shield Face Mask
* N95 with Face Shield
* N95 Mask
* RN Fit Testing FAQ

I also agree to abide by the following guidelines:

* Enter the hospital in a cloth mask and wear a mask at all times inside the hospital
* Maintain appropriate social distancing
* Wear appropriate PPE for type of unit and type of patient for whom I am caring. I will be fit tested for an N95 and/or elastomeric respirator
* I will stay home if I have any of the following symptoms: fever, chills, cough, muscle aches, sore throat, shortness of breath, new loss of taste or smell, extreme tiredness, nasal congestion
* Immediately notify my school if I experience COVID-19 symptoms
* Immediately notify my school if I have had close contact with any person with COVID-19

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s school and assigned unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_