WPI

COVID-19 HEALTH MANAGEMENT PROGRAM AGREEMENT AND AUTHORIZATION FORM FOR MASSACHUSETTS ACADEMY STUDENTS

I acknowledge, agree, and consent to the following, as a condition of being allowed on campus:

initials

1. WPI will implement a comprehensive COVID-19 testing protocol, which will require me to be tested as frequently as multiple times per week, including before I leave home to come to WPI and/or when I arrive at WPI (as applicable), for the duration of the Program. I agree to participate in and comply with the testing protocol, in the manner and frequency required by WPI. ☐

2. I agree to comply with WPI's protocols for symptom monitoring and reporting, in the manner and frequency required by WPI. ☐

3. I agree to comply with WPI's protocols for contact tracing, in the manner and frequency required by WPI. ☐

4. I agree to comply with WPI's protocols for quarantine and isolation, in the manner and frequency required by WPI. I understand that I will not be permitted to come to come to campus for any reason during any period of quarantine or isolation. I understand that I will be required to quarantine and isolate off-campus and that I will not be permitted on campus during any period of quarantine or isolation. ☐

5. I voluntarily consent to the testing entity(ies)'s disclosure of my COVID-19 test results to WPI. If any test is ordered or otherwise arranged by my own health care provider, I agree to promptly report my test results to WPI. ☐

6. I voluntarily consent to disclosure of my COVID-19-related information, including my name, contact information, demographic information, COVID-19 symptoms and test results, and my close contacts for the purpose of implementing the Program, including disclosures to individuals and entities implementing the Program, including WPI employees, independent contractors, testing entities, and public health authorities. ☐

7. I will comply with all applicable health guidance, protocols, and requirements related to COVID-19, including Massachusetts' COVID-19 orders and guidance related to travel, guidance on the WeAreWPI website and in the WPI Code of Conduct COVID addendum. ☐

8. I understand that WPI and Student Health Services will, and I authorize it/them to, arrange for COVID-19 tests to be ordered for me as part of the Program. I further understand that WPI and Student Health Services does not have the capability to provide, and is not responsible for providing, any health care services to me. If I have COVID-like symptoms, receive a positive COVID-19 test result, am instructed to quarantine or isolate, and/or have any other medical concern, I agree to seek medical attention from my own health care provider(s). ☐

WPI

9. I understand that I have the right (i) not to consent to the release of my information, (ii) to inspect any written records released pursuant to this Agreement, and (iii) to revoke this Agreement at any time by delivering a written revocation to Student Health Services at healthcenter@wpi.edu. ☐

10. I understand that this Agreement, including the various consents I have granted herein, will remain in effect for the entire duration of the Program at WPI. ☐

11. I understand and agree that any of the following may require me to forfeit the privilege of remaining on campus: (i) any revocation of this Agreement by me; (ii) any determination by WPI that I have not complied with the Program or any other applicable guidance, protocols, or requirements related to COVID-19; and/or (iii) any determination by WPI or public health officials that my presence on campus poses a health risk to others. ☐

BY MY SIGNATURE BELOW, I HEREBY, KNOWINGLY AND VOLUNTARILY AGREE TO PARTICIPATE IN AND COMPLY WITH WPI'S COVID-19 HEALTH MANAGEMENT PROGRAM, AND I HEREBY CONSENT TO THE USES AND DISCLOSURES OF MY INFORMATION IN THE MANNER DESCRIBED IN THIS AGREEMENT.

_____
Printed Name of Student

_____
Signature of student

_____, 2020
Date

For students under 18 years old, a parent/guardian's signature is required:

_____
Printed Name of Parent/Guardian/
Personal Representative

_____
Signature of Parent/Guardian/Representative

_____
Relationship to Student

_____, 2020
Date