**Rowan University COVID-19 Return to Research**

**Commitment to Public Health Practices Agreement Form**

**To minimize the risk to public health while performing research at Rowan University – students, staff, and faculty are expected to adhere to public health practices to minimize the spread of COVID-19. By signing this form you agree to adhere to the behaviors and expectations below.**

**Agreements:**

\_\_\_\_\_\_\_ 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 building or participate in face-to-face research activities if I develop or display symptoms of COVID-19 including but not limited to fever, tiredness, and dry cough.

\_\_\_\_\_\_\_ I will monitor my temperature daily. I will not enter a university building or participate in face-to-face research activities if my temperature exceeds 100.3 degrees Fahrenheit.

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

\_\_\_\_\_\_\_ I agree to follow other Rowan University guidelines for ethical research to protect the public health as necessary.

\_\_\_\_\_\_\_I agree to participate in contact tracing-- which means that I will maintain and regularly update a list of substantive and known face-to-face contacts that I have had during the preceding two weeks (i.e., lab members with whom I interact on a daily basis, visitors to my lab, outside funding representatives, trips to the grocery store and pharmacy etc. by time and date, etc.). I understand that I may also be required to provide the names of human subjects with whom I came in direct contact during study procedures. In the case of a coronavirus infection, I agree to provide Rowan University with this list and I understand that I shall be responsible to take any necessary steps in accordance with the IRB to protect human subjects’ information. This information will be made available to the Wellness Center (856-256-4333) to facilitate contact tracing and shall be used for public health purposes only.

\_\_\_\_\_\_\_ I understand that failure to follow these expected behaviors would be detrimental to public health

efforts and could impact my ability to perform research or other tasks at Rowan University.

\_\_\_\_\_\_\_ I understand that if I am (or made aware that others are) experiencing coercion or otherwise suspect non-compliance of any nature, then I can utilize established grievance and complaint procedures, including the online reporting form. I understand that all identifying information will be kept confidential and that complaints will be vetted and investigated by a committee of faculty, staff, and students and in some cases, Colleges/Schools will have a local complaint committee to help resolve the issue(s).

**Signing this commitment to public health practices means that you have read, understand, respect and agree to abide by the requirements described above.**

*Certification/Signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
Printed Name: