

Return to Research Acknowledgement Form

Important form to prepare for resuming research activities on the main campus and for conducting fieldwork.

* Required

1. Name *

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**Informed
Consent**

I understand that by returning to research activities I am assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if traveling by public transportation, cab, or ride-sharing service. I have the right to refuse to engage in activities that could expose myself and the public and willingly assume the risks involved. (High-risk individuals are strongly encouraged to consult with their physician before returning to research activities.)

Signature

2. Email *

3. Department

4. Supervisor's name and email *

5. Labs and Classrooms for on-site research, or fieldwork sites *

6. Phone number for contact *

7. Emergency contact Name and Phone number *

8. I have reviewed the On-Site Work Practices or Field Work Practices guidance in its entirety, fully understand its contents, and agree to comply with all outlined work practices, procedures, and reporting requirements. *

Mark only one oval.

Yes

No

9. I agree to stay current with the On-Site Work Practices or Field Work Practices guidance when new revisions are made available to me. *

Mark only one oval.

Yes

No

10. I agree to self-monitor for COVID-19 symptoms (fever, cough, shortness of breath/difficulty breathing). *

Mark only one oval.

Yes

No

11. If, at any time, I experience any symptoms of COVID-19, or have close contact with someone that is confirmed COVID-19 positive, I agree to notify my supervisor the following business day or prior to working on-site or in the field, whichever is sooner. *

Mark only one oval.

Yes

No

12. I understand that if I do not comply with the guidelines, i will not be able to continuemy research/field work. *

Mark only one oval.

Yes

No

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