

WEBER STATE UNIVERSITY RESEARCHER ATTESTATION FORM

- I understand that there are inherent potential health risks associated with human subjects research, these risks remain and/or may be increased as they relate specifically to the ongoing COVID-19 pandemic.
- I understand that if I choose not to or am unable to resume research activities this may impact the timeline outlined in my IRB application and I may need to submit an amendment for continuation.
- I understand that research activities may be suspended, shortened, or rescheduled at any time due to changes in governmental or facility directives.
- I understand that I am encouraged not to resume research activities if I feel I am at increased risk due to personal or health issues.
- I understand that I am only permitted to resume research activities if I do not have symptoms of illness. I understand if I develop symptoms of illness, I must contact Weber State University Risk Management Office immediately at (801) 626-6832 for further guidance and must comply with the requirements for self-quarantine and/or isolation prior to beginning or returning to clinical experiences. I must also immediately contact my research team, department chair/direct supervisor, and irb@weber.edu
- If I have reason to know or suspect I have been exposed to COVID-19 or if I test positive for COVID-19, I may not return to research activities until I have followed all testing or clearance procedures required by the facility and/or the university, in accordance with CDC or health department guidance.
- I agree to comply with health screening practices for entry into the various research lab environments.
- I understand that while in the research lab environment, I must comply with the clinics or the university's protective measures which may include wearing a mask or other protective measures and practice appropriate hygiene. I will provide the necessary and appropriate uniforms and supplies required where not provided by the facility; this may include personal protective equipment (PPE).
- I understand that I must comply with appropriate protective measures required by the facility and/or university.
- I will complete any additional safety training related to infectious disease or other health risks as required by the facility and the university, including the following:

OSHA videos - https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html

- [Respiratory Protection for Healthcare Workers](#)
 - [The Difference Between Respirators and Surgical Masks](#)
 - [Respirator Types](#)
- I understand that I will be required to complete COVID 19 cleaning and PPE training.
 - I understand that failure to comply with the expectations, training, and practices outlined in this document will be considered a breach of professional conduct and will result in referral to the appropriate college/school committee for review and potential disciplinary action. I understand and agree that I may be immediately withdrawn from the facility/skills lab or dismissed, suspended or expelled based upon my failure to comply

with the rules and policies of the university or facility, if I pose a direct threat to the health or safety of others or, for any other reason the university or the facility reasonably believes that it is not in the best interest of the university, the facility or the facility's patients or clients.

I have read the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, and that I have freely and voluntarily signed this Agreement.

Signature _____ Date _____