**COVID -19 Attestation and Vaccination Attestation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that I was fully vaccinated for COVID-19. I have submitted proof of vaccination to my school, to be available upon request by The Christ Hospital Health Network.

I understand that I am required to follow the designated COVID-19 policies and procedures in place for associates and staff within The Christ Hospital Health Network. I acknowledge that although TCHHN has developed policies and procedures to minimize the risk of exposure to COVID-19, I understand there remains a risk of exposure to COVID-19.

I acknowledge that the continuation of any clinical rotation is subject to adjustment pending any change in the trending of COVID-19 cases within the Cincinnati region and TCHHN facilities.

Signature of Student or Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_