

Return to Laboratory Research Agreement

to be signed by students/technicians/individuals working in a research lab

The health and safety of the Lewis & Clark community is a top priority. Please read and demonstrate your agreement with the following statements by signing below.

1. I have read Lewis & Clark's [Reopening for Fall 2020 Health and Safety Expectations for All Community Members](#) and agree to comply with these expectations.
2. I have reviewed [Mitigating Exposure to COVID-19: Instructions for Students Preparing to Arrive on Campus](#) and will follow these instructions.
3. I have read and understand the Research Reopening Plan for the _____ Lab (add faculty member's name).
4. If I develop symptoms of COVID-19 or learn that I have been exposed to someone with COVID-19, I will notify my faculty mentor immediately, self-isolate in my residence, consult with a healthcare provider, and follow the directions of that healthcare provider. (This consultation can be provided by the Health Service. Anytime the Health Service is closed, students can access the Nurse Consultation Service at 1-844-915-2069). In such an event, I will follow all applicable Lewis & Clark guidelines, including the [COVID-19 Monitoring, Isolation and Quarantine Plan for Lewis & Clark Students, Academic Year 2020-21](#)
5. I will not come to the laboratory if I am not feeling well and/or showing symptoms of a communicable disease such as a persistent cough, and will notify my faculty mentor immediately.
6. I will let my faculty mentor or the department chair know if safety protocols are not being followed and/or if I do not feel safe in the research laboratory.

Please complete #3 above and information below, sign to confirm your understanding and compliance with the aforementioned statements and referenced guidelines, and submit to your faculty mentor or research laboratory manager.

Name:

Signature:

Date:

Faculty Mentor: