**Commitment to Public Health Practices**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To minimize the risk to public health while performing research at Texas State University – students, staff and faculty who are working in research laboratories are expected to adhere to public health practices to minimize the spread of COVID19.**

**By signing this form you agree to adhere to the practices below.**

**The Laboratory Manager providing this agreement understands it is their responsibility, to the best of their ability, to promote and enforce these public health behaviors.**

**These have been discussed with you by**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Laboratory Manager) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)*

\_\_\_\_\_\_\_ 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 as described in the relevant standard operating procedure

\_\_\_\_\_\_\_ I agree to closely monitor my health and will not report, 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, difficulty in breathing, and dry cough and/or if I receive a positive test for COVID-19.

\_\_\_\_\_\_\_ I will inform my Laboratory Manager if I have close contact (six feet or less) with a confirmed case of COVID19 and I will self-quarantine for a minimum of 14 days.

\_\_\_\_\_\_\_ As required, I will monitor my temperature daily. I will not report, enter a university building or participate in face-to-face research activities if my temperature exceeds 100 degrees Fahrenheit.

\_\_\_\_\_\_\_ I agree to decontaminate work surfaces as required in the Standard Operating Procedures

\_\_\_\_\_\_\_ I understand that failure to follow these expected practices would be detrimental to public health efforts and could impact my ability to perform research or other tasks at Texas State University.

\_\_\_\_\_\_\_ My Laboratory Manager has provided a Standard Operations Procedures Plan for minimizing impact of COVID-19 to me and I have read the Plan. I will comply with the policies and procedures established by the the laboratory or research group and will comply with policies and procedures in other facilities used for my research as well as the policies and procedures required by the university

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Signature**Date*