

Heidelberg Pledge of Health & Safety

All members of the Heidelberg University Community have an important role to play in keeping our fellow students and the Heidelberg community safe by doing our part to stop the spread of COVID-19. As a member of Heidelberg University, I know that I must take steps to stay well in order to protect others and promote a safe return to campus for all Student Princes. Because of this, I pledge to take responsibility for my own health and help stop the spread of the COVID-19.

Heidelberg's highest priority is the safety of its students, faculty, staff, and visitors. I know that by engaging in campus activities, including attending classes, pursuing my education, living on campus, eating in the dining halls, attending activities, participating in sports and recreation, working here as a faculty or staff member, I may be exposed to COVID-19 and other infections. I also understand that despite all reasonable efforts by the University, I can still contract COVID-19 and other infections. In order to reduce my risk, I agree to be an active participant in maintaining my own health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectations outlined by the University.

As more information is gathered and known, I understand that Heidelberg may modify these guidelines and expectations.

It is my responsibility to make every effort to keep myself apprised of these changes to protect myself and the University community.

I agree to protect myself, my peers, and the Heidelberg community by doing the following:

- Agree to testing for COVID-19 (currently for unvaccinated students) and potential subsequent self-quarantining if I am identified as a contact (currently for unvaccinated students) of anyone who has been determined to be positive for COVID-19.
- Agree to promptly report any known or potential exposures to COVID-19 to Stoner Health & Counseling Center, or the Athletic Training Staff; whichever is appropriate to my situation.
- If I test positive for COVID-19, I agree to self-quarantine at home, or if home is not possible, in a designated location until:
 - I am released by the Stoner Health and Counseling Center in cooperation with the Seneca County Health Department and
 - My symptoms have resolved, and
 - It has been at least ten days since the start of my symptoms, and
 - Monitor for the following symptoms:
 - § A fever of 100.4°F or higher
 - § Respiratory symptoms, such as dry cough or shortness of breath
 - § Sore throat
 - § Headache
 - § Body aches
 - § Chills
 - § Loss of taste or smell
- Please note that up-to-date symptoms can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- If I develop the above symptoms, to contact Stoner Health and Counseling Center, and to follow the medical staff's instructions which may include being tested for COVID-19 and self-quarantining while the test results are pending, and/or being evaluated by outside professionals.
 - Stay at home if I am feeling sick.

- Participate fully and honestly with the Stoner Health and Counseling staff for contact tracing to determine whom I might have potentially exposed to COVID-19.
- Wear a face covering or the appropriate PPE in all indoor public spaces.
- If unvaccinated practice physical distancing as much as possible.
- Frequently wash and/or sanitize my hands.
- Keep my personal space, shared common space, and my belongings clean.

I understand COVID-19 is a highly contagious virus and it is possible to develop and contract the COVID-19 disease, even if I follow all of the safety precautions above and those recommended by the CDC, Ohio Department of Health, local health department, and others. I understand that although the University is following the coronavirus guidelines issued by federal, state, and local authorities and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or other infections.

I understand that my failure to follow campus policies and protocols concerning COVID-19 can result in disciplinary measures all the way to potentially being dismissed by the University.

I have read, understand, and agree to comply with my **Heidelberg Pledge of Health & Safety** above. I also acknowledge that these expectations and pledge are a condition of my enrollment and/or employment at Heidelberg University and that any failure to comply with this Pledge above may lead to immediate removal from Heidelberg University.

I take my Pledge seriously and will do my part to protect the Heidelberg community.

STUDENT SIGNATURE

Date

STUDENT NAME PRINTED

PARENT/GUARDIAN SIGNATURE
IF UNDER 18]

Date