



CLINICAL SITE COVID-19 VACCINATION REQUIREMENTS AND RELEASE

*****PLEASE READ CAREFULLY AND WRITE LEGIBLY*****

I acknowledge and understand that several clinical facilities participating in the University of Central Oklahoma Department of Nursing's clinical programs require students and instructors to receive the COVID-19 vaccine to take part in clinical programming at their sites.

THEREFORE, I ACKNOWLEDGE AND UNDERSTAND THAT IF I DO NOT RECEIVE THE COVID-19 VACCINE, I MAY BE UNABLE TO COMPLETE PROGRAM CLINICAL OBJECTIVES AND MAY NOT BE ABLE TO COMPLETE MY PROGRAM, NECESSITATING MY WITHDRAWAL. ALTERNATIVELY, IF I BELATEDLY RECEIVE THE VACCINATION IN ORDER TO ENABLE ME TO COMPLETE THE CLINICAL REQUIREMENTS, I MAY BE DELAYED IN MY CLINICAL EXPERIENCE, AND THE DELAY MAY ADVERSELY AFFECT MY EXPECTED PROGRAM COMPLETION DATE.

I acknowledge and understand UCO does not require me to have received the COVID-19 vaccine to participate in its educational programs, though UCO encourages my receipt. I also understand the COVID-19 vaccine is a requirement of certain participating clinical sites. I further acknowledge and understand that UCO neither controls nor influences the vaccination requirements of available clinical sites and that these decisions are entirely within the control and administration of the individual clinical sites. Moreover, I understand that if I require a medical or religious waiver, I must request a waiver from the applicable clinical site in accordance to its policies and procedures. I understand a waiver may not be granted by the healthcare facility.

I also acknowledge and understand UCO may be required to provide proof that I have been vaccinated to the clinical site(s) at which I wish to participate in programming, and that such proof may include disclosure of my personally identifiable health information to the clinical site(s). I agree to the disclosure of, and authorize UCO to disclose, proof of my COVID-19 vaccination to such clinical site(s).

In consideration of UCO granting me access to clinical healthcare facilities through its programming, I fully RELEASE and DISCHARGE UCO, its board members, officers, employees, volunteers, representatives, insurers, attorneys, and/or agents from any and all claims, liability, or causes of action for damages, known or unknown, arising out of or relating to my receipt of the COVID-19 vaccination, disclosure of the same to participating clinical site(s) for my program, and/or a healthcare facility's decision to deny me access to clinical rotation and participation in clinical programming due to my decision not to comply with such facility's COVID-19 vaccination requirements.

Student's Signature

Date

Print Student's Full Name

Guardian's Signature *(If under 18 years of age)*

Date

Print Guardian's Full Name