SHSU Housing Policy and Agreement Regarding COVID-19

COVID-19 spreads by respiratory droplets released when people talk, cough, or sneeze. You are moving into a residential shared space with others outside your immediate household. Please review and acknowledge the below directives and protocols designed to help reduce the spread of COVID-19 in SHSU residence halls:

Student Name: ___________________________        SAM ID#: ___________________________

As of my move in date on ______________________

Please initial next to each item and then sign at the bottom: (If you are under 18, your parent or guardian must sign also)

____ I attest that at the time of move in, and within the last 14 days that I have:

1) Not tested positive for COVID-19,

2) Not exhibited symptoms of COVID-19 (cough, shortness of breath, fever, chills, muscle pain, sore throat, newly lost sense of taste or smell, nausea, vomiting, diarrhea)

3) Not been exposed to anyone confirmed to have COVID-19, and

4) None of my close contacts (e.g., members of my household in which I have been living for the last two weeks, or intimate partner) have exhibited symptoms of COVID-19

Residence Life Isolation and Quarantine Protocols:

FULLY vaccinated:

- Following an exposure to someone suspected or confirmed to have COVID-19, I will monitor myself for symptoms for 14 days. No further action is necessary as long as I remain asymptomatic (symptom-free).
- If I experience any symptoms consistent with COVID-19, I will isolate until cleared by a medical professional to discontinue isolation.
- If I test positive for COVID-19, I will follow campus isolation protocols by returning to my permanent residence or, if determined to be needed on a case by case basis, in on-campus isolation housing.

Unvaccinated or not FULLY vaccinated:

- Following an exposure to someone suspected to have COVID-19, I will be placed in temporary quarantine until the case is confirmed; if the case is positive, I will quarantine for 14 days from last exposure by returning to my permanent residence or, if determined to be needed on a case by case basis, in on-campus quarantine housing.
- If I experience any symptoms consistent with COVID-19, I will isolate until cleared by a medical professional to discontinue isolation.
- If I test positive for COVID-19, I will follow campus isolation protocols by returning to my permanent residence or, if determined to be needed on a case by case basis, in on-campus isolation housing.

____ I will self-report to the university if I test positive for COVID-19 or have a known exposure.

____ I understand that I have access to the on-campus Student Health Center for any COVID related medical, testing or vaccination services I may need. The SHC can be reached at 936-294-1805.

The Student Health Center and Residence Life departments are committed to supporting your health and wellness while in residence living on campus. If you have any questions prior to acknowledging this agreement, you may contact Residence Life at 936-294-1810.

_________________________        ___________________________        ___________________________
Student Signature            Date            Parent Signature (if student is under age 18)