Welcome to SHSU! You are moving into a residential shared space with others outside your immediate household. Please review and acknowledge the below protocols that are recommended by CDC (Centers for Disease Control) guidance to help reduce the spread of COVID-19 in congregate living settings such as residence halls. This guidance is subject to change as the COVID 19 situation continues to evolve. If any of our protocols are updated after the signing of this document, you will be advised in writing with the new processes.

Student Name:_________________________________

SAM ID#:_________________________

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 10 days that I have:

1) Not tested positive for COVID-19, and
2) Not been exposed to anyone who has tested positive for COVID-19.

_____ I understand that Sam Houston State University will implement Isolation and Quarantine protocols based on CDC guidance for students and staff in congregate living residence halls and I will be subject to those by choosing to live in on campus housing.

_____ I acknowledge my role in protecting the health and safety of others by self-reporting to the university if I test positive for COVID-19 by accessing the online reporting form on the SHSU COVID page.

_____ I understand that periodic COVID-19 testing of all residents regardless of vaccination status may be done in the residence halls and all residents will be advised in advance when testing is indicated.

The Student Health Center offers both self-testing options and testing associated with a clinic appointments for free, you may contact them to schedule an appointment or with any questions.
Phone: 936-294-1805  Email: shc@shsu.edu  Patient Portal access at www.shsu.edu/healthcenter

____________________________________  ______________________________________
Student Signature  Parent Signature (if student is under age 18)

Date:________________  Date:________________