

I, (participant) _____, understand that by signing this agreement I comprehend and adhere to the following:

- I have received and am current on the following vaccinations:
 - DPT/Tdap
 - Hepatitis B
 - MMR
 - Varicella
 - Influenza (flu shot)
 - Covid-19
- **I have provided proof of Covid-19 vaccination to OrthoNebraska to comply with regulatory requirements.**
 - A copy of my vaccination card, medical record showing vaccination, or state vaccination data base for proof of Covid-19 vaccination may be sent to education@orthonebraska.com or directly to my scheduling contact at OrthoNebraska.
 - If I have not been vaccinated against Covid-19, I will provide approved exemption paperwork.
- If I have not received any of the above vaccinations, I will follow all OrthoNebraska guidelines and precautions.
- I understand I may be asked to provide a copy of my other immunization records by Human Resources at any time.
- I understand that I must self-screen daily for any signs or symptoms of Covid-19, including temperature checks, as defined by OSHA and the CDC, and follow all OrthoNebraska guidelines and precautions.
- I understand that I will remain home on days that I am ill or have communicable infections. These include but are not limited to: fever, diarrhea, vomiting, cough, rash, wound(s), sore(s), infected eyes, cold sores, lice, scabies, or recent exposure to communicable infections (chicken pox, pertussis, measles, tuberculosis, or Covid-19).
- I understand that during my time at OrthoNebraska I may be exposed to certain risk of bodily injury or other dangers, including but not limited to, exposure to blood borne pathogens, biological waste, and dangerous chemicals.
- I am aware of these risks and voluntarily assume these risks. For and in consideration of OrthoNebraska, allowing me to observe the activities of the hospital to further my educational or professional goals.
- I hereby release and forever discharge OrthoNebraska and its officers and employees from all claims, demands, rights, and causes of action of whatever kind of nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, those specific risks itemized above.
- I understand that I take sole responsibility for any personal belongings I bring with me to OrthoNebraska.
- I authorize the staff at OrthoNebraska to provide medical treatment in the case of an emergency.

I have read this document carefully and I voluntarily choose to participate in the activities described herein

Participant Name Printed

Signature

Date

Parent or Guardian Name Printed

Parent or Guardian Signature

Date

Required if participant is not 19 years of age