



Field/Clinical Site Inaccessibility Due to COVID-19

Attestation Statement

I, _____, representing field/clinical site _____, do hereby attest by my signature below that our facility is temporarily restricting students from accessing field/clinical rotations during the coronavirus (COVID-19) outbreak.

This pause will allow the medical education community, including learners, to develop appropriate educational strategies and alternative clinical experiences to best assure safe, meaningful clinical learning for students. It will also help with current concerns about the availability of personal protective equipment.

Field/Clinical Site Signatures

Field/Clinical Site Representative: _____

Signature: _____ Date: _____

EMS Program Signatures

Course Coordinator's Name: _____

Signature: _____ Date: _____

Physician Course Director Name: _____

Signature: _____ Date: _____