**Acknowledgement Form for Returning to Research**

**Project Title:**

During the COVID-19 pandemic, the University of Louisiana at Lafayette (“University”) would like to allow researchers to continue their research in a safe manner. In order to continue to research safely, the University recommends that you follow all guidance issued by the Centers for Disease Control and Prevention (“CDC”) and the Louisiana Office of Public Health (“OPH”), as well as take the following safety precautions:

1. When plausible, work alone, but ensure your supervisor has approved your schedule and location.
2. When working with another person, maintain 6 feet of distance, as often as possible, and wear a face mask to reduce spreading and the possibility of contracting the virus. For instances when 6 feet of distance cannot be maintained for extended periods of time (i.e., >15 minutes), additional protective measures will be utilized such as respirators and disposable face shields, physical barriers of separation, and/or disposable fluid resistant covering of surfaces.
3. When working in close proximity to mammals (i.e., <6 feet for extended periods of time and/or >15 minutes), additional protective measures will be utilized such as respirators and disposable face shields, physical barriers of separation, and/or disposable fluid resistant covering of surfaces.
4. Equipment and/or exposed surfaces handled in the course of your research must be disinfected at the end of your research session for that day or between participants if human subjects are involved.
5. Cleanse hands with soap and water and/or sanitizer between participants and/or handling specimen containers from each participant.

**Please choose one of the following options and sign below.**

**Option A: I choose to participate in research experiments and/or data collection outside of my home.**

* I understand that I should stay home and not visit or utilize University facilities if (i) I am sick and/or have been in close contact with someone that is ill with signs of COVID-19, (ii) tested positive for COVID-19, and/or (iii) is in isolation due to potential exposure.
* I understand that I should remain at home and not visit or utilize University facilities for 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19.
* I understand that I am strongly encouraged to take the precautions noted above to work safely outside my home.
* I understand the importance of maintaining a social distance of 6 feet from others. I also understand that social distancing of 6 feet per person may not always be possible.
* I understand that the CDC recommends wearing cloth face coverings and that they may not prevent the spread of the virus or prevent me from getting the virus.
* I understand that the University will provide me with personal protective equipment, which may include 2 cloth face coverings and disinfectant.
* I fully understand and appreciate both the known and potential dangers of continuing my research outside of my home and acknowledge that, despite the University’s reasonable efforts to mitigate such dangers, my desire to research outside of my home may result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.
* I understand that there is no guarantee that the personal precautions noted above will prevent me from contracting the COVID-19 virus and I desire to continue my research.
* I acknowledge that I am under no pressure to return to my research and/or data collection procedures, nor is the University, my advisor, department head, or anyone at the University pressuring me to continue researching and/or collecting data.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian is required when the above signer is below the age of 18 at the time of signature.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Option B: I choose NOT to participate in research or data collection outside of my home at this time. If at a later time I should choose to participate in research or data collection outside of my home, I will contact my department chair, dean and the Office of the Vice President for Research, Innovation, and Economic Development prior to commencing such research and/or data collection.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian is required when the above signer is below the age of 18 at the time of signature.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_