

RVH COVID-19 Learner Attestation

All Learners are required to complete the following document to proceed to placement. Please review this document carefully and retain a copy for your records.

When using my RVH provided ID to enter the hospital:		
I am indicating that I have no COVID-19 symptoms, including	Acknowledge	
by not limited to, cough, runny nose and /or fever		
I am responsible to:	I	
Not report to work with COVID-19 symptoms and immediately		
report my condition to Occupational Health at ext 42350	Acknowledge	
Have my hospital provided ID badge with me at all times when		
at the Health Centre	Acknowledge	
Comply with the Return to Work requirements outlined by the		
Health Centre (i.e. return to work once symptom free for 48	Acknowledge	
hours)		
Refrain from allowing others to enter the Health Centre with me		
upon entry/exit	Acknowledge	
Abide by all COVID-19 directives provided by the Health		
Centre (subject to change depending upon requirements),		
including but not limited to adherence to all PPE requirements	Acknowledge	
and completing N95 respirator fit testing within 2 years for		
available masks at RVH		
Adhere to RVH Values & Code of Conduct exhibiting civility		
and respect to one another at all times.	Acknowledge	
Regularly access your email and/or health centre intranet for		
updates and information on COVID-19 procedures	Acknowledge	
Learner Information		
First Name:		
Last Name:		
Academic Institution:		
Learner Type:		
Signature		
Date:		
I pledge that when using my badge to enter the health centre, I am in compliance with the above		
health statement and responsibilities.		
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Signature:		