

“Spartans United Pledge”

Manchester University calls upon all members of the Spartan community to improve the human condition through COVID-19 pandemic and beyond. With the Spartans United Pledge, we embody our values and mission and call all students, colleagues, alumni and visitors to action. We will be responsible for others and ourselves, and extend compassion, civility and integrity to others.

I pledge to:

- Educate myself regarding regulations, requirements and guidelines pertaining to the campus and community.
- Follow all guidelines communicated. If I don't understand, I will contact meet@manchester.edu.
- Wear a mask/face covering as directed, to protect others and myself. If I need a mask, I will contact my camp director or meet@manchester.edu.
- Monitor my health daily and complete the university health screening for COVID-19 as directed.
- Maintain social distancing and follow guidelines in all campus locations.
- Cover my cough and my sneeze.
- Practice good hand hygiene and wash my hands often.
- Communicate with staff and health care professionals promptly if I suspect I have COVID-19 symptoms.
- Maintain physical distancing and stay home if I feel sick or if I believe I have been exposed to someone who has COVID-19.
- Abide by protocols set by Manchester University and federal, state, and local guidelines to help mitigate the transmission of COVID-19 in our communities.

Participant's Signature (Parent/Guardian if under 18) _____

Participant or Parent/Guardian Name (Print)

Camper Name (Print)

COVID 19 Checklist

Before coming to campus, consider the following aspects of your personal well-being:

In the last 14 days have you *(Check any that apply)*

- had a fever without having taken any fever-reducing medications (temperature over 100.3F)?
- (or anyone you have been in close contact with,) been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
- been asked to self-isolate or quarantine by a medical professional or local public health official?

Additionally, if a combination of the following statements below apply to you and are new or different from your usual state of health:

Do you have *(Check any that apply)*

- a loss of smell or taste?
- fatigue?
- a cough?
- a headache?
- body aches?
- nausea?
- a sore throat?
- diarrhea?
- shortness of breath?
- chills?

No Symptoms *(Only check if none of the above apply)*

- I currently have none of the above symptoms

Participant / Camper Name: