

## RSCA VOLUNTEER / HUMAN SUBJECT ACKNOWLEDGMENT FORM

I acknowledge that I have reviewed the RSCA Project Plan and the COVID-19 safety information in relation to the project named below. I understand and agree that I must follow all safety measures and instructions to lower and prevent the risk of spreading COVID-19; including:

- **Completing** the [Self-Certification of Vaccination Status](#) form required by Santa Clara County Public Health Office and **submitting a copy** of the confirmation email message to the SJSU Principal Investigator or faculty member in charge.  
**Note:** if not fully vaccinated, the County of Santa Clara requires that you must complete the form every fourteen days and send the updated acknowledgement to the SJSU Principal Investigator or faculty member in charge.
- Monitoring my health prior to my visit and completing the SJSU daily health assessment prior to my arrival. **DO NOT come to campus** if feeling sick, coughing, running a fever, exhibiting [COVID-19 symptoms](#), diagnosed with COVID-19, or tested positive for COVID-19, I will not come to campus and I will self-quarantine for 10 days and report my condition through the [case management portal](#)
- Wearing a facemask during the campus visit. Remaining 6 feet apart from other individuals. SJSU will provide facial coverings if needed.
- Being respectful of fellow SJSU community members at all times

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Department and College/Division

\_\_\_\_\_  
Laboratory/Research/Activity Group Name

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Name of SJSU Principal Investigator or Faculty Member in Charge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please **submit this form** to your Principal Investigator or SJSU faculty member in charge.