MCTI COVID-19 STUDENT AGREEMENT

Being a part of the MCTI community means that each of us are accountable together and must take

campus,	inary steps to stay well and persistently protect each other. As a student invited to live on I pledge to take responsibility for my own health and the protection of others. I will help keep and the MCTI community safe from spread of COVID-19 by agreeing to the following:
	I agree to monitor myself for symptoms of COVID-19 and to comply with daily temperature checks and health symptoms reporting each day prior to entering the cafeteria or my classroom.
	I understand the symptoms of COVID-19: fever of 100.4F (or higher), dry cough, difficulty breathing, chills, muscle pain, nausea, headache, diarrhea, vomiting, sore throat, and/or loss of taste or smell.
	I will remain in my dorm room and contact the MCTI Health Services Department or Fire and Safety immediately by phone if I am feeling ill with any COVID-19 symptoms.
	I understand that I will need to return home immediately if MCTI's Medical Team deems it necessary due to COVID-19 symptoms or being exposed to COVID-19 symptoms. I will be expected to leave the same day, placed on medical leave and scheduled to return the following term.
	I will practice good hygiene by washing my hands with soap and water, use hand sanitizer and keep my personal belongings clean.
	I will wear a mask.
	I agree to socially distance (6ft) from others including during leisure activities.
	I understand that MCTI will not provide transportation to the bus and train station other than on enrollment and term completion. This includes weekly trips to Walmart, movie runs etc.
	I understand MCTI is not encouraging students to return home during the term.
	I agree to having only one student in my dorm room at a time.
	I will follow all the COVID-19 instructions once I am on campus.
	I understand that MCTI is encouraging me to get vaccinated for the flu. I understand that this is not a requirement but highly encouraged.
	I will not hold MCTI liable for potential exposure to COVID-19.
	eviewed the above protocols and understand that if I fail to follow these guidelines, I will be ed from MCTI.
Chudant	Nome - Data
Student	Name Date