

Morsani College of Medicine Department of Orthopaedics & Sports Medicine 13220 USF Laurel Drive - MDF 5th Floor MDC 106 Tampa, FL 33612

Acknowledgement of Receipt and Understanding of the Communicable Disease Policy

I acknowledge receipt of the University of South Florida Master of Science in Athletic Training Communicable Disease Policy.

By signing this statement, I agree to abide by all guidelines below. I understand the Morsani College of Medicine has the right to periodically review and update its procedures and guidelines in order to serve the needs of the University of South Florida, the Morsani College of Medicine, the Athletic Training Program, and to respond to mandates of the Florida State Legislature, Florida Board of Governors, University of South Florida System Board of Trustees, federal government, and other regulatory and accrediting agencies.

Communicable Illness

Students with an illness or medical condition that may be communicable to patients or staff should not be allowed patient contact. If the student/agency personnel is unsure whether he/she should be in patient contact areas, the student should not report to the clinical site but instead go to Student Health Services or seek and appointment at the USF Physician's Clinic or a physician of his/her choice.

Persons with the following medical conditions should not be allowed patient contact without a medical clearance:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis, COVID-19.
- Diarrhea lasting over three days or accompanied by fever or bloody stools.
- Conjunctivitis.
- Group A streptococcal disease (i.e. strep throat) until 24 hours of treatment received.
- Draining or infected skin lesions.
- Oral herpes with draining lesions.

I also understand this page will be kept in my student file in the office of the Athletic Training Academic Services Administrator until graduation. A copy can be made available for my records, upon request.

Signature: _____

Print Name: _____

Date:	 	 	
Date:			