



Gritman Medical Center  
700 S. Main St.  
Moscow, ID 83843  
208-882-4511

7/7/2020

Central Washington University  
400 E. University Way  
Ellensburg, WA 98926-7474

Re: COVID Testing for Students

To Whom It May Concern,

In response to the pandemic, effective immediately Gritman Medical Center (“Gritman”) will require students who train at Gritman to provide proof of a negative coronavirus test before being allowed to participate in education programs at the hospital. Specifically:

1. No more than 3 days before participating in training, students must receive a polymerise chain reaction (“PCR”) test to confirm the absence of the coronavirus. The student may receive the test from Gritman or from any other qualified healthcare provider or lab. The student is responsible for the cost of the test; Gritman will not be responsible for such costs.
2. The student must direct her or his healthcare provider or lab to forward the results directly to Gritman so that Gritman receives the results at least 24 hours before the student begins the training. The test results should be sent to:

Gritman Medical Center  
Attn: Anna Fullmer, Director of Risk & Compliance  
700 S Main Street  
Moscow, ID 83843  
E-mail: [anna.fullmer@gritman.org](mailto:anna.fullmer@gritman.org) (unsecured method)  
Fax: 208-883-6553

Alternatively, the student must provide to Gritman a HIPAA-compliant authorization allowing Gritman to obtain the test results directly from the lab or healthcare provider performing the test. A copy of an appropriate authorization is attached. The student is responsible for obtaining the test and

providing the authorization in sufficient time to enable Gritman to receive the results at least 24 hours before the student is scheduled to begin training.

3. When the student arrives for training, the student will be required to certify their current health status (e.g., that they do not have COVID symptoms and that, to their knowledge, they have not been in contact with persons who have COVID). Gritman may require additional screening for students such as taking the student's temperature. Gritman will not allow students to participate if they exhibit COVID symptoms or have been in contact with persons infected by COVID until after an appropriate period of isolation.

4. Gritman reserves the right to implement any additional requirements it deems reasonably necessary, including but not limited to periodic testing or implementing additional screening criteria. Gritman reserves the right to bar any student from participating in the program at Gritman if they fail to comply with the foregoing policy, or if they misrepresent or fail to disclose any relevant fact or condition relating to their COVID status.

We hope that the COVID threat resolves quickly; until then, we are committed to taking necessary precautions to protect our patients, our staff and our community. We believe Gritman is entitled to implement these requirements without a formal amendment to our education agreement. If you disagree or require a formal amendment or if you have questions about any of the foregoing, please contact me.

Respectfully,



Connie Osborn  
Chief Quality Officer  
Gritman Medical Center

Enclosure: Authorization to Disclose and Student Attestation



### Student Attestation

In an effort to keep all Gritman personnel and patients safe, all students are being asked to sign this document prior to their rotation start date.

By signing below, you are attesting that you will not report to your scheduled rotation if you have any following symptoms (*unless attributable to another medical condition*):

1. Fever (100.0 and above)
2. Body aches (myalgia)
3. Cough
4. Shortness of breath (dyspnea)
5. Throat pain (pharyngitis)
6. Decrease or loss of smell or altered taste
7. Fatigue
8. Nausea, vomiting, or diarrhea
9. Headache
10. Nasal congestion

**\*\*If you have any of the above symptoms, please contact your education coordinator and do not report to your scheduled rotation.\*\***

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Student Name:** \_\_\_\_\_

**School or College:** \_\_\_\_\_

**Training Program:** \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE  
COVID TEST RESULTS  
(Student)**

**Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**School or College:** \_\_\_\_\_

**Training Program:** \_\_\_\_\_

**1. Disclosure.** I have agreed to be tested for COVID-19 prior to participating in a student training program at Gritman Medical Center. I hereby authorize the laboratory or other entity performing the test ("Laboratory") to disclose the test results directly to Gritman Medical Center ("Gritman") for healthcare screening purposes. The information should be sent to Gritman at the following address:

Gritman Medical Center  
Attn: Anna Fullmer, Director of Risk & Compliance  
700 S Main Street  
Moscow, ID 83843  
E-mail: anna.fullmer@gritman.org (unsecured method)  
Fax: 208-883-6553

**2. Expiration.** This Authorization will expire if and when my participation in the student training program at Gritman terminates unless earlier revoked as provided below.

**3. Revocation.** I understand that I may revoke this Authorization at anytime consistent with the Laboratory's revocation policies. If the test is performed by Gritman, I may revoke this authorization by contacting:

Gritman Medical Center  
Health Information Management  
700 S Main Street  
Moscow, ID 83843  
Phone: 208-883-6092

**4. Limits on Revocation.** I understand that the purpose of the test is solely to obtain and disclose the test results to Gritman to confirm screening requirements to participate in the training program. Accordingly, I understand that the Laboratory may condition the test on this Authorization.

**5. Further Disclosures.** I understand that information disclosed pursuant to this Authorization may be re-disclosed by the entities who receive the information and such information may no longer be protected by privacy regulations.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***A copy of this signed Authorization will be provided to the Student or his/her Personal Representative unless the Authorization was initiated at the request of the Student or Personal Representative.***