COVID-19 Human Subject Research: Acknowledgement of Risk Form

I, the undersigned, am aware that participation in research described in the consent form may include activities that may cause exposure to COVID-19.

Although Kennesaw State University has taken reasonable steps to provide me with appropriate information and protections in order to participate in a research study, I understand participation in this activity is not without risk. I understand that this study cannot be successfully completed without certain inherent risks of COVID-19 exposure.

I have carefully read, clearly understand, and accept this notice of risk.

I agree to be notified if COVID-19 disease exposure is identified in research staff during the next 2-week time period (after which my contact information will be destroyed per the confidentiality requirements laid out in the Consent Form).

Further, I agree to contact the research personnel (at the contact information provided to me) in the event that I should be diagnosed with COVID-19 in the next 2-week time period.

Participant Name: __________________________________________

Participant contact information in the event of COVID-19 exposure identified in the next 2-week time period:
___________________________________________________________________________

Participant Signature: _______________________________________Date:______________

PI Signature: ______________________________________________Date: _____________