**Declaration of Compliance with COVID-19 Protective Measures**

**Study Title:**

**IRB #:**

**Date:**

Dear Participant,

Your participation continues to be voluntary in this study. However, to safeguard the health and safety of all participants (including yourself) from exposure to and spread of COVID-19, we require that you acknowledge and agree to the terms outlined in this document. This Declaration of Compliance will be kept safely and will not be disclosed unless as required by law or with your consent.

I will follow the safety, physical distancing, and hygiene protocols as outlined below

1. Comply with all public safety directives provided to me for gaining access to the campus.
2. Proceed directly to the area where the study will be conducted.
3. Always wear a mask while proceeding to the interview site. Once I am in the room where the study is being conducted and alone, I will interact with researchers via a video monitor present in the room. I will be asked to remove my mask at this point. Once the session has concluded, I will put on my mask before exiting the room.
4. I will maintain a distance of at least 6 ft from other people and adhere to any applicable rules limiting the number of people on an elevator at any given time.
5. Use sanitizer on my hands immediately before entering and after leaving the interview room.
6. After completing the session, immediately exit the facility and leave the campus.
7. *[Include more or edit above as needed]*

If you have any questions or concerns about the study, please contact the principal investigator at [xyz@fit.edu]

If you have questions about your rights as a research subject while taking part in this study, please contact Dr. Jignya Patel at [jpatel@fit.edu](mailto:jpatel@fit.edu)

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_