

## **CONSENT ADDENDUM**

Participant's Full Name: \_\_\_\_\_

Protocol: \_\_\_\_\_

Date of Consent: \_\_\_\_\_

Due to the COVID-19 pandemic, it is likely that risks involved in participating in in-person research are somewhat greater than they have been in the past. The study you are participating in takes place at NYIT College of Osteopathic Medicine (NYITCOM) at Arkansas State University's Medical Clinic on A-State's Jonesboro campus. This building also houses a multispecialty clinic operated by faculty of NYITCOM at Arkansas State, including physicians who are board-certified in Pediatrics, OB/GYN, Osteopathic Manipulative Treatment, Infectious Disease, and Family Medicine. To the extent that exposure to COVID-19/SARS CoV2 is increased in outpatient medical settings, this is likely also true at NYITCOM at Arkansas State University's Medical Clinic in Jonesboro.

Reasonable precautions are taken to ensure the health and safety of visitors to the clinic, and all applicable laws and guidelines are followed. The decision you make may be influenced by your personal risk profile. For example, if you have antibodies/immunity to COVID-19/SARS CoV2, if you have underlying medical conditions or other factors that place you at risk for severe illness, or if you have any other personal factor that might influence your decision, you may weigh these into your decision. You are encouraged to discuss these risk factors with your doctor before participation. If you have concerns regarding exposure during your research participation, you are encouraged to voice these concerns and ask questions until you are able to make a decision whether you will participate in the research.

By signing this consent form, you hereby acknowledge that you understand the risks to participating in voluntary research at this time and that you have had opportunity to ask questions about your participation and current risks relating to COVID-19/SARS CoV2.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Principal Investigator Date

\_\_\_\_\_  
Printed Name of Principal Investigator