



Agreement to Abide by Program Expectations and Regulations

Students enrolled in Johns Hopkins University Summer at Hopkins coursework must comply with the university's undergraduate academic regulations, policies, and procedures governing student life and academic integrity. Rules and regulations provide the basis for a reasonably ordered academic community. Without the personal appropriation of the values they protect, the mere observance of regulations falls short of Johns Hopkins University's expectations. Johns Hopkins University summer online courses have the same expectations for academic rigor, student achievement, and course conduct integrity as face-to-face courses offered by the university.

Please review the following sections and complete forms where necessary:

Adhere to Johns Hopkins University Policies and Procedures

Students are held accountable to all Johns Hopkins University policies and procedures that govern students. Please review the following policies closely as violations may lead to documented violations and dismissal from courses:

- [Homewood Undergraduate Academic Ethics Policy](#)
- [Student Conduct Code](#)
- [Discrimination and Harassment Policy and Procedures](#)
- [Sexual Misconduct Policy and Procedures](#)
- [Acceptable Use and Security of Johns Hopkins Information Technology Resources](#)

Review Your Summer Course Schedule and Policies

Students are responsible for their course schedule and adherence to all university and course-specific policies and procedures, including modifying schedules, attendance, completion of assignments, tuition payment, and refund guidelines.

To View Your Enrollment Summary:

1. Login to the [JHU Student Information System \(SIS\)](#)
2. Click the My Class Schedule link located under Registration.
3. Click the circle next to Enrollment Summary.
4. Select the Summer 2022 Academic Period from the dropdown.

Please review the [Summer at Hopkins Course Change and Refund Timelines](#) page to familiarize yourself with the process and timeline.

Requesting Academic and/or Residential Accommodations

Johns Hopkins University is committed to providing reasonable accommodation for students with documented disabilities. Student Disability Services (SDS) works with students to ensure they have the accommodation they need to be successful.

To receive accommodation for a disability, a student must register with the JHU Office for Student Disability Services. You must register no later than two weeks before the first day of class.

To request accommodations for this summer, please complete the [SDS Registration Form](#). If you have registered with SDS for accommodations during a previous summer term, please contact studentdisabilityservices@jhu.edu to ask about renewing your accommodations for the current term.

To learn more, please visit the [Student Disability Services](#) website. Please contact studentdisabilityservices@jhu.edu if you have any questions about accommodating students in your courses or using the Accommodate faculty portal.

By signing below and submitting it as my electronic signature, I acknowledge that I have read and understood the terms above and that I intend to be bound by my signature. I understand and agree that my electronic signature below has the same legal validity and effect as a manual signature and that Johns Hopkins University may rely on it as such.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date



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Waiver and Release - Commuter

I/my child will abide by all program rules and regulations. I/my child understand that failure to obey the rules and policies stated in the JHU Summer at Hopkins Program Policies may lead to my/their dismissal from the Program and removal from the campus. I/my child understands that if I/my child violate a rule or regulation, I/my child will be subject to administrative action, up to and including immediate dismissal. I/my child further understands that in the event my child is dismissed, I/my child will be required to leave campus immediately (within 24 hours), regardless of progress in the program, time in the program, or completion date, and with no refund of tuition or fees. After being notified of dismissal, I/my child will not be permitted to attend classes or take examinations, and my child will be withdrawn from the program without receiving a grade or credit.

I hereby approve my/my child's participation in the educational program(s) in which I/my child are enrolled. To the best of my knowledge, there are no behavioral or other conditions that will interfere with my/my child's appropriate participation. I understand that if a JHU or Residential staff member asks me/my child to report to the Student Health & Wellness Center, Counseling Center, or other applicable Johns Hopkins University entities due to actions that are considered to be a danger to the welfare of me/my child, failure or refusal to comply may result in dismissal from the program. If the Student Health & Wellness Center, Counseling Center, or other applicable Johns Hopkins University entities deems me/my child to be a danger to themselves or others, I/my child will be dismissed from the program and released to the custody of a parent/legal guardian.

I/My child may participate in organized activities such as field trips and laboratory activities including but not limited to, working with sharps (e.g., needle, scissors etc.) forceps, skin suture pad, chemicals, exposure to sensitive content. Some medical programs may involve discussions of human illness, disease, and death, viewing graphic representations of human illness and disease, exploration of human anatomy and bodily systems, and participation in faculty supervised dissections, voluntary, physical examinations (including, but not limited to, cardiovascular examination with a stethoscope, measuring BMI, examination of the eye with an ophthalmoscope, and/or examination of the ear, nose, and throat using an otoscope).

I understand that all pre-college students, whether residential or commuter, who are traveling as part of the Program and during Program hours are required to take Hopkins or public-approved transportation.

My/my child's participation in the Program is entirely voluntary. I recognize and acknowledge that I (or my child) am at risk for physical injury, illness, accident, disability, death, damage to personal property, monetary loss, or other contingencies as a result of participating in or attending the Program or related activities. I voluntarily assume all of the foregoing risks, the results and consequences thereof, and understand that JHU assumes no responsibility or liability for or in connection with the foregoing. I further understand that JHU assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, accident, disability, death, monetary loss or property damage or other contingencies.

I agree to release and indemnify, defend and hold harmless JHU and its employees, officers and agents from any and all liability and damages or losses I or my child may suffer to our persons or property or both which arise out of or occur during my or my child's participation in the Program. I agree that this Release is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document, and I agree to its terms.

By signing below and submitting it as my electronic signature, I acknowledge that I have read and understood the terms above, and that I intend to be bound by my signature. I understand and agree that my electronic signature below has the same legal validity and effect as a manual signature and that Johns Hopkins University may rely on it as such.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date



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The Family Educational Rights and Privacy Act

Under the Family Educational Rights and Privacy Act (FERPA), most information about you from Johns Hopkins University records, including grades, is considered confidential and, with certain exceptions, generally may not be released to third parties, including your parent(s) or guardian(s), without your written consent.

You may authorize Johns Hopkins University to release information from your records to your parent(s), guardian(s), or other individuals, scholarship organizations, or third parties by completing the information requested below.

Please note that without this authorization, JHU's ability to disclose information from your records to your parent(s) or guardian(s) or to speak with your parent(s) or guardian(s) about information from your records will be significantly restricted. You are urged to inform your parent(s) or guardian(s) of this fact if you decide not to execute the authorization form.

I authorize Johns Hopkins University to disclose any and all information from my records to the individuals listed in the form below. This consent will remain in effect while I am enrolled at JHU.

Authorized Individual	Relation

By signing below and submitting it as my electronic signature, I acknowledge that I have read and understood the terms above and that I intend to be bound by my signature. I understand and agree that my electronic signature below has the same legal validity and effect as a manual signature and that Johns Hopkins University may rely on it as such.

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Covid-19 Policies and Procedures

Assumption of Risk

I/my child understands the inherent risks associated with COVID-19 while being present on the Johns Hopkins University campuses or any off-site locations while participating in the Program. I/my child voluntarily assume all of the foregoing risks, the results, and consequences thereof, and understand that Johns Hopkins assumes no responsibility or liability for or in connection with the foregoing. I further understand that Johns Hopkins University assumes no responsibility to provide financial assistance or any other assistance, including but not limited to, medical, health, or disability insurance, in the event of injury, illness, accident, disability, death, monetary loss, property damage, or other contingencies.

I agree to release and indemnify, defend and hold harmless Johns Hopkins University and its employees, officers, agents, and affiliates from any and all liability and damages or losses I or my child may suffer to our persons or property or both which arise out of or occur during my or my child's participation in Summer at Hopkins programs or courses.

JHU and Summer at Hopkins Covid-19 Policy Overview

Students enrolled in summer coursework must adhere to the [Johns Hopkins University](#) and [Summer at Hopkins](#) Covid-19 Policies and Guidelines. Below is an overview of the anticipated summer requirements shared by the university.

Vaccination:

- Students must be compliant with the current (April 2022) JHU vaccination policy as of the first day of their summer program:
 - COVID-19 vaccination and either the Pfizer or Moderna COVID booster shot are required
 - International students who have received a vaccine authorized by the World Health Organization but not one authorized by the U.S. Food and Drug Administration must have one booster dose (Pfizer or Moderna).
- Students seeking medical or religious exceptions can find [information here](#).

Testing Prior to Arrival:

- All students must have a negative COVID test before starting the program. The test should be conducted before arriving on campus.

- A rapid antigen test (not more than 24 hours beforehand) or a PCR test (not more than 72 hours beforehand) is acceptable.
- Students will be required to confirm their test results before starting courses through an online form and present proof (photo or printed copy) at the commuter check-in.
- Students who test COVID positive should immediately notify Summer at Hopkins and not travel. Students proving a positive test result before classes begin are eligible for a refund.

Masking:

- Students will follow university masking guidelines at the time of their session.

Testing During the Program:

- JHU operates an asymptomatic testing site that is free to all enrolled students.
- Generally, asymptomatic vaccinated students will be exempt from regular surveillance testing. Students may be required to take COVID tests during the program based on medical and local public health advice.
- Asymptomatic students who are not fully vaccinated must test twice per week throughout their program.

Testing Positive During the Program:

- Students who test positive during a two-week program will not be able to return campus and resume coursework.
- In collaboration with faculty, Summer at Hopkins and JHU are committed to aligning reasonable accommodations for the completion of coursework.

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_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date



Health Information, Requirements, and System Registration

In accordance with Johns Hopkins University Policy, all incoming students are required to meet specific health requirements prior to arriving on campus. The university has various systems that are utilized to collect health information, schedule appointments, and track Covid-19 testing and vaccination. Please complete the following steps as soon as possible, as non-compliance can result in students being dropped from coursework.

Register Your PyraMed Online Health Web Portal Account

The PyraMed Online Health Web Portal allows students to securely communicate with providers, electronically submit pre-entrance health forms, view, and print immunization history, receive lab results, and schedule appointments. The server is offline daily between 3–5 a.m. EST for routine maintenance.

1. Complete the following steps to register your account:
 - a. Go to www.shwcportal.jhu.edu/PyramedPortal
 - b. Select “Click here to register.”
 - c. Enter your Hopkins ID (found in [SIS](#), 6-character ID), Hopkins email address, and date of birth.
 - d. You will receive an email from Portal with a link to create your password.
 - e. After clicking the link, you will be prompted to create an 8-character password.
 - f. After creating your password, you will be able to log into your account.

Please note: if you share your Hopkins ID and password with someone else, they will be able to access your confidential medical record.

2. Complete Online Health Web Portal Forms
 - a. [Log into your Health Web Portal account](#)
 - b. Click the “My Forms” tab and complete each of the online health forms you see.
 - c. The Immunization form has a link for you to upload your completed Pre-Entrance health form and any vaccine history records as supporting documentation for verification of the dates you list.
 - d. If you do not have a US Cell Phone number yet, please do not complete the Communication form until you arrive in the US.
 - e. The information provided on your online health forms and your completed health form that you attached will be reviewed by our staff; **you will receive an email IF you have missing requirements.**
3. Upload your vaccination records and have the dates you list verified.

- a. Students need to upload their vaccination records in a tab marked “Document Upload.”
- b. Students are required to verify the following:
 - i. T-dap vaccine, after age 11 (not available in China, available in all other countries)
 - ii. 2 doses of MMR vaccine, given after age 1 and at least 28 days apart
 - iii. TSpot or Quantiferon Gold TB testing for international students (within 6 months of coming to campus, available in all countries)
- c. All file uploads into the web portal must be in JPG or PDF Format.

Please read the form carefully to understand the required vaccines and blood test for TB screening before arriving on campus based on your status. The Pre-Entrance health form and supporting documents **must** be completed in English. A medical clinician family member may not complete the form.

4. Additional Documentation

- a. If you have an insurance plan within the United States, you can upload a copy of your insurance card, front and back, to the online health web portal tab marked ‘Document Upload’ and select insurance card in the dropdown.

Please visit the JHU Student Health and Wellness Center website for more information about the services for our students. <https://studentaffairs.jhu.edu/student-health/>

If you have any questions regarding your health forms, please email questions to healthforms@jhu.edu. Please allow 3 business days for a response.

Submit Proof of Covid-19 Vaccination

Johns Hopkins University utilizes the [Vaccine Management System \(VMS\)](#) to verify compliance with the on-campus Covid-19 vaccination policy. Students must be compliant with the current (April 2022) JHU vaccination policy as of the first day of their summer course/program. **Fully vaccinated is defined as having the initial COVID-19 vaccination and either the Pfizer or Moderna COVID booster shot.**

1. Complete Vaccination Verification in the VMS:

- a. [Login to the VMS to submit documentation.](#)
- b. Select Covid-19 as the vaccination being documented.
- c. Follow the steps to input your vaccine manufacturer and the dates that you received each vaccine dose.
- d. Upload a photo of your CDC COVID-19 vaccination record card if you were vaccinated in the U.S.; if you do not have a CDC card, you may upload other forms of documentation if they are in English (by a certified translation, if necessary) and from an official source such as your health care provider. Translation services are available via [Orbit Translation](#).

Information on the Covid-19 Vaccination Policy exemptions can be found on the VMS website.

Download and Activate your MyChart Account for scheduling COVID testing and seeing results.

New students will get an email from MyChart to their official JHU email address to sign up for a new account. If you have not received an email to create your MyChart account within a week of your course starting, you can call 888-676-3433 or email Testinginfo@jhu.edu to assist with activation.

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Consent to Medical and/or Surgical Procedure

I/My child may receive emergency medical and/or surgical treatment, if necessary, in the determination of Johns Hopkins University, while attending the program. I understand that JHU (JOHNS HOPKINS UNIVERSITY) assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the University and I agree to indemnify and defend JHU for damages resulting from I/my child's actions.

The laws of Maryland require that surgical and medical treatment of minors (individuals less than 18 years of age) be at the request of and with the approval of their parents (and spouse of a married minor). The right to request and approve may be delegated to officials of the University. It is our policy to notify the student parents/legal guardian as soon as possible in the event of major illness or injury. We find it impractical to notify for every minor illness or injury requiring treatment. It will help us to protect the health of your child if you delegate to us discretion in these matters.

Requests are received from hospitals, other physicians, other universities, and insurance companies for information about conditions treated by us. Parents of minors (and spouse of a married minor) must approve the release of such information and may delegate this discretion to physicians of the Student Health and Wellness Center. It is our policy to disclose medical information at the request of the student in the belief that it will be used for ordinary medical and insurance purposes.

I/We hereby authorize the professional staff of the Homewood Student Health and Wellness Center of The Johns Hopkins University and/or JHU and its employees, officers and agents, in the event I/we shall not be readily available in connection with the need for the consent hereinafter referred to, to consent to, and authorize, in my/our behalf, medical treatment and/or the performing of any operative and surgical procedure and under any anesthetic, either local or general, for myself/my child, while a student at said University, as may be considered necessary or advisable by the physician performing such treatment or surgery, and/or to release to other physicians who may be treating me/my child, relevant medical information as to treatment accorded me/him/her through the University's Student Health and Wellness Center.

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Film and Photography Release

I,

(*print first and last name*) ("*Participant*"), am enrolled in Summer at Hopkins coursework during the summer of 2022 ("*Program*").

I,

(*print first and last name*) certify that I am the parent or legal guardian of the aforementioned Participant in the Program.

I understand that as part of the Program I or my child may be filmed or photographed by Johns Hopkins University ("JHU") and its employees, officers, and agents. I, on behalf of myself or my child, hereby irrevocably grant to JHU and its assigns and licensees the right to photograph, film, and record me or my child and to use such photographs, films and recordings of my or my child's voice, likeness, and name, in connection with the Program and for promotion and/or advertising purposes. I hereby irrevocably grant to JHU a worldwide, non-exclusive, royalty free, perpetual license to upload, display, perform, exhibit, transmit, and stream the Program for promotion and/or advertising purposes and in future programs, including on openly accessible websites, as JHU deems appropriate. These grants are perpetual. I agree that I shall have no right of approval and no claim to compensation hereunder.

I agree to release and indemnify, defend and hold harmless JHU and its employees, officers and agents from any and all liability and damages or losses I or my child may suffer to our persons or property or both which arise out of or occur during my or my child's participation in the Program. I agree that this Release is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document, and I agree to its terms.

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