PHAROS UNIVERSITY IN ALEXANDRIA Faculty of Pharmacy



Summer Training Substitute (during spring break in February 2021)

Consent Form

I understand that training in the community pharmacy may expose me to the risk of COVID-19 infection during the COVID-19 pandemic. I consent to the training that is solely my own decision to participate during mid-year vacation in February 2021.

| Please Sign: |
|--------------|
| Name: |
| ID: |
| Signature: |
| Data |