EMPLOYEE ATTESTATION: COVID-19 Symptom Screening Requirements

This document should serve as a template. Your local, county, state and federal guidance should be followed when tailoring this document for use at your agency. Please consult with your legal counsel.

# [Agency / Program Name] is focused on the health and well-being of our employees and the community. Because of the novel COVID-19 outbreak, we are taking precautionary measures to keep the workplace and our community safe for everyone. Please help us maintain a safe environment by agreeing to the below requirements.

1. In light of the novel COVID-19 outbreak**,** I understand that **[Agency / Program Name]** requires an employee to stay away from the employee’s assigned work location (outside of their home) when that employee: 1) has or demonstrates COVID-19 symptoms; 2) has been diagnosed with COVID-19; or, 3) has come in close contact with certain individuals (as described in paragraph 3d below).
2. I understand and agree that it is my obligation to check my symptoms each day before coming to work.
3. I understand and agree **that if I answer “yes”** to ***any*** of the following questions (a - e below), I:
* ***must not*** come into work that day, and
* ***am******required*** **to follow the protocols outlined in paragraph 4 below.**
	1. **Has my temperature been at 100 F** or higher in the last 24 hours (including today)?
	2. **Am I currently experiencing any other symptoms of COVID-19**, **for which there is no known, underlying cause** (such as having asthma, COPD, chronic sinusitis, or seasonal allergies)**?**  These symptoms include:
* Shaking chills
* Cough
* New or worsening shortness of breath
* Fatigue
* Severe sore throat
* New loss of taste or smell
* Nausea
* Vomiting
* Diarrhea
* Congestion or runny nose
* Muscle or body aches (such as associated with flu; not associated with regular physical activities or exercise)
	1. **Have I tested positive for COVID-19 or been diagnosed as COVID-19 positive** **by a healthcare provider within the last 14 days?**
	2. **Within the last 14 days, have I been in close contact with anyone who has been diagnosed as infected with, or is being screened or monitored for, COVID-19, or who has been advised by a health care professional to quarantine?** [“Close contact” means coming within 6 feet of that individual for 15 or more minutes.]
	3. **Within the last 14 days, have I traveled to or from a location that is covered by a travel advisory?** *If yes*, I willself-quarantine [“Travel advisory” is an official warning statement issued by a state or local government agency which would recommend or requirethat someone traveling to or from the particular location self-quarantine for a period of time due to the potential of spreading COVID-19.]
1. **I understand and agree** that if I answer “yes” to any of the questions in paragraph 3 a through e above, I should contact my Supervisor/Manager to notify the Agency prior to the time I am to report to my work location that I have answered yes to one or more of these questions. I further agree I will work with my Supervisor/Manager to determine whether and for how long I should remain out of my regular work location and whether it is feasible for me to work from home for a period of time.

Print Name, Sign and Date