

**COVID-19 SPECIAL WORK CONDITION  
EMPLOYEE ACKNOWLEDGMENT AND DISCLOSURE**

Please read and initial each statement below.

1. \_\_\_\_\_ I understand that to report to work I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify a member of the management team.  
Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Any other symptom identified by the CDC as associated with COVID-19

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. These symptoms typically appear 2-7 days after being infected, so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

2. \_\_\_\_\_ I understand that during the workday my temperature will be taken when I report to work, at mid-morning, and mid-afternoon.
3. \_\_\_\_\_ I understand that I may be required to wear a mask or cloth face covering throughout the workday or take such other personal protective measures as recommended by the CDC or consistent with other federal, state, or local requirements or guidelines. The school will provide masks or other supplies needed to comply with applicable guidelines.
4. \_\_\_\_\_ I understand that the facility has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks each day as assigned.
5. \_\_\_\_\_ I will wash my hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds, including immediately after reporting to work and before handling any food or drinks provided to children.
6. \_\_\_\_\_ I understand that I must bring a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove the shoes I wear coming to work at the entrance of the facility, change into my work only shoes, place my outside shoes in the designated area and wash my hands immediately.
7. \_\_\_\_\_ I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county or local stay-at-home orders, and will follow current CDC guidelines as long as they are in effect. I understand that, outside of work, the CDC currently recommends limiting close contact with others outside of those living in my household, including by and refraining from all non-essential outings, wearing a mask in all public areas, and remaining 6 ft from all other people.

8. \_\_\_\_\_ I will immediately notify [SCHOOL NAME] management if I become aware of any person with whom I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
  
9. \_\_\_\_\_ I understand that while working in the facility each day I will be in contact with children, families, and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19, as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by [ SCHOOL NAME] may result in disciplinary action up to and including termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Team Witness

\_\_\_\_\_  
Date