



COVID-19 Employee Work Attestation & Checklist

I certify and understand that each day, prior to starting any work onsite, I will monitor my health and I will affirm the statements below:

I am not exhibiting any of the following symptoms associated with COVID-19:

- Fever (100.4 degrees Fahrenheit) or feeling of a fever
- Dry cough (not attributable to another health condition or activity)
- Difficulty breathing (not attributable to another health condition or activity)
- New headache (not attributable to another health condition or activity)
- New muscle pain (not attributable to another health condition or activity)
- New loss of taste or smell (not attributable to another health condition or activity)
- New chills or a repeated shaking with chills (not attributable to another health condition or activity)

I have not been in close contact with anyone within the last 14 days who has been quarantined or isolated due to COVID-19.

I have not been advised by any medical provider or health authority that I may have been exposed to COVID-19.

I have followed the recommended travel guidelines by the Centers for Disease Control and/or local government.

If I am unable to affirm the questions above at any time during the school year, I will immediately notify my supervisor.

I also understand that in the case that I am notified that I may have been exposed to COVID-19 or start to exhibit any of the symptoms above while working, I will immediately halt any work where I am in contact with others, notify my supervisor and vacate the premises.

I understand that I am expected to wear face coverings at all times when I am onsite and maintain a 6-foot proximity of others and that I am expected to follow all other health and safety expectations for the workplace that have been communicated to me by Hastings Public Schools.