

Employee Assurance of Personal Health Agreement

We all play a role in protecting the health, safety, and well-being of our students, staff and families. One of the most important things we can do to prevent the potential spread of COVID-19 is to stay home when we are sick or have been exposed to someone else who is sick.

PLEASE SIGN AND RETURN THIS FORM SHOWING THAT YOU AGREE TO THE FOLLOWING:

1. I will NOT go to work until released from quarantine by the health department if:
 - I have been in close physical contact with a person who is known to have COVID-19.
 - Anyone in my household tests positive COVID-19.
 - I have travelled out of the country.

2. I will check myself each day for the following known symptoms of COVID-19 and will NOT report to work if I am experiencing:
 - Fever (temperature of 100.4 degrees Fahrenheit or greater) or chills
 - Sore throat
 - New uncontrolled cough that causes difficulty breathing (for individuals with chronic allergic/asthmatic cough, a change in their cough from baseline)
 - Diarrhea, vomiting, or abdominal pain
 - New onset of severe headache

3. If I am tested for COVID-19 for any reason, I will not return to work until I receive my results. If I test positive, I will NOT return to work until cleared to do so by a medical professional. I understand I am required to report a positive test result to FCPS within 24 hours of receiving the results.

4. If I meet any of the conditions above or am exhibiting any of the symptoms of COVID-19, I will notify my supervisor.

5. If I develop any symptoms of COVID-19 during the work day, I agree to notify my supervisor, leave work as soon as possible, and not return to campus until I have been symptom free for 24 hours without the use of medication.

Employee Name: _____

Work Location: _____

Employee Signature: _____

Date: _____

Daily Home Screening for Employees

Employees: Please complete this quick check of your health each day before you leave for work.

SECTION 1: Symptoms

Please check yourself for these symptoms every day. If you have any of the following symptoms, stay home from work, notify your supervisor, and do not return to campus until you have been symptom free for 24 hours without the use of medication.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure

If any of the following statements are true for you, stay home from work and call your supervisor to let them know.

- Had close contact with a person with confirmed COVID-19
- Live in the same house with someone confirmed to have COVID-19
- Travelled out of the country

SECTION 3: Testing

- If you have been tested for COVID-19 for any reason, stay home from work until you receive your results.
- If your test results are negative and you have not been told to isolate or quarantine for any reason, you may return to work.
- If your test results are positive, you are required to notify FCPS within 24 hours of receiving the result. To report a positive case of COVID-19, call 859-381-FCPS (3277).