



COVID-19 Preventative Measures Acknowledgement Form

I acknowledge that I am experiencing fever, sore throat, cough and/or shortness of breath which might be symptoms of the COVID-19 virus.

I understand that I am being released from work to see my medical provider

I further understand and acknowledge that I must refrain from coming to work until I have been cleared to return to work with written documentation from a licensed health care provider that certifies that I am not contagious.

Print Name

Signature

Date