*Sample Employee Communication*

*Please Customize for Your Organization*

Employee Attestation

COMPANY NAME

COMPANY ADDRESS

EMPLOYEE NAME

EMPLOYEE ADDRESS

Prior to starting any onsite work, each COMPANY employee is required to self-certify that they:

* Within the past 24 hours have had no signs of a fever or a measured temperature above 100.3 degrees or greater, a cough, shortness of breath or difficulty breathing, or at least two of these symptoms: Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell.
* Have not had "close contact" with an individual diagnosed with COVID-19. “Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (*e.g., sharing utensils, being coughed on*) from a person who has tested positive for COVID-19, while that person was symptomatic.
* Have not been asked to self-isolate or quarantine by their doctor or a local public health official.

Any employee exhibiting symptoms or who is unable to self-certify will be directed to leave the worksite immediately. They will be advised to seek medical attention and applicable testing by their health care provider. Said employee may not return to the work site until cleared by a medical professional.**For Employee:**

I, Click or tap here to enter text., certify and confirm that the following statements are true:

1. I am not exhibiting any of the following symptoms associated with COVID-19:
	1. Fever of 100.3°F or greater
	2. Cough
	3. Shortness of breath or difficulty breathing
	4. Or at least two of these symptoms:
		1. Fever
		2. Chills
		3. Repeated shaking with chills
		4. Muscle pain
		5. Headache
		6. Sore throat
		7. New loss of taste or smell
2. I have not been in close contact with anyone within the last 14 days who has been quarantined or isolated due to COVID-19.
3. I have not been advised by any medical provider or health authority that I may have been exposed to COVID-19.
4. I have not traveled out of the country in the past 30 days, or been in close contact with anyone who has traveled out of the country in the past 30 days.

I 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 CONTACT, and vacate the premises.

*I also understand that I am expected to use appropriate PPE when I am working in close proximity with other staff, clients, or partners of the company, and that COMPANY has a zero-tolerance approach to intentional or unintentional breach of company guidance on the use of PPE.*

 Click or tap here to enter text. Click or tap to enter a date.

 Employee’s Signature Date