



COVID-19 Reporting Policy

I AGREE TO REPORT ANY OF THESE SYMPTOMS TO THE PERSON IN CHARGE:

Any onset of the following symptoms, while either at work or outside of work, including the date of onset:	
Fever greater than 100.4	Shortness of breath (dyspnea)
Subjective fever (feel feverish)	Nausea or vomiting
Chills	Headache
Muscle aches (myalgia)	Abdominal pain
Runny nose (rhinorrhea)	Diarrhea (greater than three loose/looser than normal stools/24-hour period)
Sore throat	New loss of taste or smell
Cough (new onset or worsening of chronic cough)	

If you are experiencing any of these symptoms you must report them to the person in charge and discontinue working.

When to Seek Medical Attention	
<i>If you develop emergency warning signs for COVID-19, get medical attention immediately.</i>	
<i>Emergency warning signs include:</i>	
Trouble breathing	New confusion or inability to arouse
Persistent pain or pressure in the chest	Bluish lips or face

Future Exposure to COVID-19 Virus:

- Exposure to or suspicion of causing any confirmed case of COVID-19.
- A household member diagnosed with COVID-19.
- A household member attending or working in a setting experiencing a confirmed disease outbreak of COVID-19.

I have read (or had explained to me) and understand the requirements concerning my responsibilities to report Covid-19 symptoms:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the establishment or the regulatory authority that may jeopardize my employment and may involve legal action against me.

Employee Name (please print) _____

Signature/Employee _____ Date _____

Signature/Permit Holder or Representative _____ Date _____