

Employee Certification of Lack of Exposure

In an effort to determine whether you pose a heightened risk of exposing clients to the novel coronavirus/COVID-19, we require that you complete this form. The information will be used to determine whether you might pose a heightened risk of transmitting COVID-19 such that you cannot currently interact with clients.

Basic Information

Employee's First
Name _____

Last _____

Question

Are you currently able to care for clients without exposing them to a heightened risk of contracting a communicable disease or other illness? You must answer "No" if:

-You have had symptoms in the last 24 hours associated with the novel coronavirus/COVID-19 including a fever above 100.3°F, cough, and/or shortness of breath.

-You have been in close contact (within 6 feet for more than 10 minutes) with anyone diagnosed with the novel coronavirus/COVID-19 in the past 14 days without appropriate protection.

-You have had unprotected direct contact with infectious secretions or excretions of anyone diagnosed with the novel coronavirus/COVID-19 (e.g., being coughed on, touching used tissues with a bare hand) in the past 14 days.

-You have been in a High-Risk area in the past 14 days, meaning have you traveled internationally or traveled using public transportation to or through an area in the United States that is experiencing community spread of COVID-19

-You have been on a cruise in the last 14 days.

Yes No

Employee Signature

Date

Employee Name Printed