**Employee Certification**

(Please initial at the beginning of every work day; individual information will remain confidential)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date:(update as needed per employee schedule) | 5/1 | 5/2 | 5/3 | 5/6 | 5/7 | 5/8 | 5/9 | 5/10 | 5/11 |
| I have conducted a thorough self-assessment of my symptoms this morning, before reporting to work (including taking my temperature, without medication that would reduce my temperature). I am not experiencing symptoms of COVID-19. |  |  |  |  |  |  |  |  |  |
| I have not experienced symptoms of COVID-19 since the last day I worked– OR – I have satisfied the return-to-work conditions under the Company’s COVID-19 policy. |  |  |  |  |  |  |  |  |  |
| I will immediately alert my supervisor if I develop symptoms of COVID-19 during the workday, and I will make immediate arrangements to go home. |  |  |  |  |  |  |  |  |  |
| I will maintain heightened cough/sneeze etiquette, hand hygiene, and I will use the protection supplies provided by the Company (e.g., soap, hand sanitizer, tissues, no-touch trash receptacles). I am aware of distancing rules implemented by the Company and will comply by maintaining at least a 6-foot distance from others. |  |  |  |  |  |  |  |  |  |
| I will frequently perform enhanced environmental cleaning of touched surfaces (e.g., workstations, countertops, railings, door handles, doorknobs). |  |  |  |  |  |  |  |  |  |