

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

### Westview Health Care Center Employee COVID-19 Screen Attestation

To keep our employees and patients safe, all Westview Health Care Center employees are asked to confirm that they are asymptomatic at the beginning of their shift or work period. By clocking in prior to each shift, you are attesting that:

I am aware that COVID-19 is a serious respiratory virus that is transmitted through exposure to respiratory fluids carrying infectious virus. I am aware of the signs and symptoms of COVID-19 which include, but is not limited to: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting and Diarrhea.

I am aware of the Westview Health Care Center COVID-19 Policy and Procedure for work exclusions which states that:

Vaccinated and unvaccinated employees **MAY NOT WORK** if they have any of the following: a fever (over 100°F), cough, shortness of breath, loss of taste or smell; or two of the following: headache, diarrhea, chills, muscle pain, sore throat, vomiting.

Vaccinated and unvaccinated employees **MAY NOT WORK** if they have tested positive for COVID-19 in the last 10 days.

Unvaccinated employees **MAY NOT WORK** if they have been exposed to COVID-19 in the last 14 days, regardless of symptoms and/or negative test.

Fully vaccinated employees **MAY WORK** if they have been fully vaccinated and exposed to COVID-19 in the last 14 days and are asymptomatic; the exposure must still report it to the Infection Preventionist and the employee should be tested immediately after exposure and day 5-7 after exposure.

Vaccinated and unvaccinated employees **MAY WORK** after travel. Unvaccinated employees returning from interstate travel and/or vaccinated and unvaccinated employees returning from international travel should be tested for COVID-19 immediately upon return and 5-7 days after return.

Employees that develop symptoms during their shift should report symptoms to their direct supervisor and the infection preventionist and leave the facility.

I am aware that to be considered fully vaccinated 2 weeks must have passed from receipt of 1 dose of the J&J vaccine or from receipt of my second dose of either the Moderna or Pfizer vaccine.

**Report COVID-19 like symptoms and COVID-19 exposures to your direct supervisor and to the Infection Preventionist: Jessica (work cell) (860)234-4855 (call or text)**

I have read and understand the above statements and agree to report COVID-19 like symptoms, COVID-19 exposures, and follow listed work restrictions. I understand that by clocking in at the beginning of each shift I am attesting to the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_