



COVID-19 Protective Measures : Acknowledgement and Agreement for Covered 6

I agree at the beginning of each shift, I must complete the Daily Health Questionnaire, which will be emailed to me. I agree to have my temperature taken with an electronic thermometer upon check-in at the beginning of each shift. I acknowledge, and understand, that I will not be allowed to work my shift if both of the following requirements are not met:

1. My temperature is 100.4 or higher
2. I answer "yes" to any of the health questions.

Employee Name (Printed)

Employee Signature

Date
