



REENTRY TO CAMPUS CERTIFICATION COVID FORM

All employees are required to read and acknowledge completion and adherence to the following items upon reentry to working on campus. Supervisors are responsible for ensuring this form is completed. Complete the form below and your supervisor will receive notification of your completion.

In addition to this certification, your supervisor will be verifying your completion of any or all of the following training programs, as applicable to your role:

- General COVID-19 Training Course (Links to an external site.)
 - Supervisory Training (Links to an external site.)

Your supervisor will receive notification upon completion of this certification. If your score is 5/5, you may return to work on campus, when notified by your supervisor, providing you adhere to daily monitoring yourself for symptoms and potential exposure to COVID-19.

Please complete the following prior to returning to campus:

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1. Have you read, and do you agree to follow the College's COVID-19 policies and procedures for the current recovery phase in effect on campus?

YES

NO*

***Do not report to work.** Employees who wish to work on campus must agree to follow the College's COVID-19 policies and procedures.

2. I am aware of the following COVID-19 symptoms and I will not report to work on a daily basis nor stay at work if I am experiencing any of the following symptoms that cannot be attributed to an unrelated health condition:

- Cough
- Shortness of breath or difficulty breathing
- Two or more of the following symptoms:
 - Fever of 100.4 or greater
 - Chills
 - Repeated shaking with chills
 - Muscle Pain
 - Headache
 - Sore Throat
 - New loss of taste of smell

YES

NO*

***Do not report to work.** Employees who are experiencing COVID-like symptoms should contact their primary care physician and self-quarantine for 14 days. Please contact your health provider and your supervisor to apprise of your absence.

3. Are you currently experiencing any of the following symptoms associated with COVID-19 (unless your symptoms are attributed to an unrelated health condition)?

- Cough
- Shortness of breath or difficulty breathing
- Two or more of the following symptoms:
 - Fever of 100.4 or greater
 - Chills
 - Repeated shaking with chills
 - Muscle Pain
 - Headache
 - Sore Throat
 - New loss of taste of smell

YES*

NO

***Do not report to work.** Employees who are experiencing COVID-like symptoms should contact their primary care physician and self-quarantine for 14 days. Please contact your health provider and your supervisor to apprise of your absence.

4. Have you been in close proximity to, or had physical contact in the past 14 days, with an individual who has tested positive or is suspected to be positive for COVID-19?

YES*

NO

***Do not report to work.** Employees who have had close contact with someone diagnosed with COVID-19 should self-quarantine for 14 days. Close contact is defined as a household member, an intimate partner, an individual providing care in a household without using recommended infection control precautions, or an individual who has had close contact (<6 feet for more than ten minutes or more). If symptoms develop, contact your health provider and your supervisor to apprise of your absence.

5. Have you been told to quarantine or self-isolate by a physician or government agent due to COVID-19?

YES*

NO

***Do not report to work.** Follow the direction of your health care provider or the governmental entity issuing the order. Contact your supervisor to apprise of your absence.