Employee Return to Work Understanding and Self-Screening Tool for COVID-19

2020/2021 School Year

Employee Name (please print): _____

Location / Department: _____

Supervisor: _____

Until further notice upon entering CMCSS locations, I agree to the following:

- I understand and agree to immediately contact my supervisor and make arrangements to separate myself from students and other staff if I become ill during the workday.

- I understand and agree that I will follow the CMCSS Return to School/ Work Flowchart, if I experience any symptoms of COVID-19. Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and they or their caregivers (in the case of minors) should follow CDC guidance for caring for oneself. Individuals should also watch for emergency symptoms and seek emergency medical care if symptoms occur.

- I understand that if I had close contact with someone who tested positive for COVID-19 that I may return after a 10-day quarantine from the date of last contact with the individual, as long as no symptoms developed. I may return on day 8 with a negative COVID-19 test where specimen was collected and tested within 48 hours before the planned quarantine discontinuation.

- I understand that I will not need to quarantine if I come in close contact with someone who has tested positive for COVID-19 if I have tested positive for COVID-19 in the past 3 months and do not develop symptoms again. If I develop symptoms again within 3 months of my first bout of COVID-19 I may need to be tested again if there is no other cause to identify for my symptoms.

- I understand that if I live in a household with someone who tested positive with COVID-19 that I may return after quarantine, as long as no symptoms develop. A household contact is an individual who shares any living spaces with the positive case. Household contacts must be quarantined for 10 days after the case has completed their minimum of 10-day isolation period whether the case is symptomatic or not. This could be a 20-day quarantine. I may return on day 18 with a negative COVID-19 test where specimen was collected and tested within 48 hours before the planned quarantine discontinuation.

- I understand and agree to wash or apply 60% alcohol hand sanitizer periodically throughout the workday.

Employee Return to Work Understanding and Self-Screening Tool for COVID-19

2020/2021 School Year

- I understand and agree to maintain spacing and social/physical distancing between myself and others to include a distance of 6 feet or further. When I cannot distance myself, I agree to wear a face mask. I also agree to wear a face mask if I am in a common/public area where others are or will be present.

- I understand the importance of the need to minimize congregating in the workplace.

- I understand that social/physical distancing and other health mitigations that are listed as part of this understanding also apply when I am traveling outside of my community.

I understand and agree not to enter the premises if I answer "yes" to the existence of any of the below circumstances, and I will contact my supervisor immediately.

- I understand if I test positive I am expected to notify my supervisor who will maintain confidentiality except to the extent necessary to notify co-workers or others who may need this information for their own health and well-being. I will provide my employer documentation of test date from the testing site, such as Montgomery County Health Department or my medical provider. **The employer reserves the right to verify positive COVID-19 test results.**

- I understand that if I am notified through contact tracing that I was potentially exposed to COVID-19, that I will follow all directions provided from the health department or my medical provider prior to returning to the workplace.

I understand and agree to review the following questions below and self-assess DAILY. If at any time since returning to the worksite I answer "yes" to any of the questions below, I will contact my supervisor immediately and refrain from entering the work location. I will obtain a release to work from my personal healthcare provider or Montgomery County Health Department.

- Have you had any of the below symptoms as a new onset in the past 72 hours? **(This <u>does not</u> include chronic, pre-existing conditions. You may be asked to provide evidence of alternative reason for symptoms and a note of release to return to work from medical provider).**
    - fever of 100 degrees or greater
    - new onset of a cough
    - new onset of shortness of breath or difficulty breathing
    - new onset of sore throat
    - new onset of muscle or body aches
    - diarrhea
    - new onset of headache
    - new onset of loss of taste or smell

- nausea or vomiting
- congestion or runny nose
- chills
- fatigue

- Within the past 10 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 test result and personally not tested positive within the last 3 months?

- Within the past 10 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection? This includes if you or anyone in your household is waiting on the results of a COVID-19 test that was recommended by a medical professional. ***EXCEPTION: IF <u>HOUSEHOLD MEMBER</u> IS BEING TESTED ROUTINELY FOR WORK OR SURGERIES, THE EMPLOYEE MAY COME TO THE WORKPLACE/SCHOOL PENDING TEST RESULT.**

By signing below, I certify all information is true and correct to the best of my knowledge and understand I am to continually monitor my health as I return to my workplace each day with CMCSS.

Employee Signature: _____

Date: _____

CC: Personnel File