

ECC Staff Covid-19 Waiver

_____ I am aware of the following Covid-19 symptoms listed below:
(initial)

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Chills
- Muscle pain
- New loss of taste or smell

_____ I will perform a daily health screening, checking for Covid-19 symptoms
(initial) as outlined by the CDC and addressed in the ECC Covid-19 Guidelines.

_____ I will stay home if I, or anyone in my house, has a fever above 99.9, are ill
(initial) and/or show any Covid-19 symptoms.

_____ I will alert the ECC immediately if I, or someone in our house, is sick and/or has
(initial) been positively diagnosed with Covid-19.

_____ I hereby attest that I have been informed of the following pertaining to the
(initial) coronavirus/Covid-19:

- People who are 65 years and older, and people of any age who have serious underlying medical conditions, or who are at higher risk for severe illness from Covid-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from Covid-19 can be found in the CDC's guidance. Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at increased medical risk.
- Staff and children living in households with individuals who are 65 years and older OR who have a higher risk for severe illness from Covid-19 are recommended to stay home.

I have reviewed and agree to follow the above guidelines.

Print Name

Signature of Employee

Date