



Employee Health Training and Policy Agreement

Employee Name (please print) _____

I have received training on the Town of Truckee's COVID-19 Business Operation Plan and Checklist and agree to implement the practices outlined in this plan. My department may have additional operational rules that are outlined in a separate policy that supplement the terms of the agreement below.

Reporting: Symptoms of Illness

The Town has an Administrative Policy and Protocols for Voluntary Employee Health Screening and a Voluntary Daily Health Screening Form (attached) which I can use as a tool to help me self-monitor any symptoms I might be experiencing. I agree to report to my supervisor when I have:

- 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
- Diarrhea

Employee should check the Center for Disease Control (CDC) website for an up-to-date list of symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Reporting: Diagnosed Illnesses

I agree to report to my supervisor when I have:

- Consulted my physician and have been directed to obtain a COVID-19 screening
- Have completed a COVID-19 screening and the results are positive
- Been exposed to a COVID-19 positive individual

Note: The supervisor must contact Human Resources immediately.

Reporting: Exposure of Illness

I agree to report to my supervisor when I have been exposed to any of the illnesses listed above through:

- A household member with COVID-19
- A household member attending or working in a setting and was exposed to positive cases of COVID-19

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded or restricted from work. If you are excluded/restricted from work you are not allowed to come to work.

Returning to Work

If you are excluded from work for having COVID-19, or for exhibiting symptoms of COVID-19 you will not be able to return to work until you can certify that you meet the minimum criteria to report to work as currently defined by the CDC.

Agreement

I understand that I must:

- Report when I have or have been exposed to any of the symptoms of COVID-19 listed above; and
- Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Signature of Employee_____Date_____

RETURN FORM TO HUMAN RESOURCES