

RETURN TO WORK ACKNOWLEDGEMENT FORM

In accordance with ROP Policy 700.118, Epidemic & Pandemic Plan & Protocol, by signing below, I acknowledge and confirm all the answers on the daily staff screening tool and on this form are true. Furthermore, I do meet the current return to work standards for an essential worker.

What date did you first experience symptoms? _____

When is the last date you had a fever of 100° F or greater? _____

When is the last time you experienced symptoms and what were they? _____

In signing this Acknowledgement I understand that it is my responsibility to notify my Supervisor immediately should at any point I am re-tested for a contagious disease.

I also understand that I shall not report to work while I am awaiting the results of any contagious disease test.

Print Name: _____ Date: _____

Sign Name: _____ Date: _____

Supervisor/HR Representative: _____ Date: _____