

UCI Health

Fountain Valley

In an effort to ensure the safety and health of co-workers, my patients, and myself, I attest that I will not come to work if sick and/or if experiencing symptoms of COVID-19 (see symptom information below):

- I acknowledge that if I experience any of the noted symptoms, I will self-monitor and will not return to work until at least 3 days (72 hours) since recovery, defined as resolution of fever without the use of fever-reducing medications, improvement in respiratory symptoms AND at least ten (10) days since symptoms first appeared; or otherwise cleared by Employee Health.
- I acknowledge that I will wear personal protective equipment (PPE) according to hospital guidelines in order to protect my patients, my co-workers and myself. This includes wearing the appropriate facemask/respirator and eye protection for all patient interactions. I will bring my own PPE and be responsible for my personal protection.
- I acknowledge that by arriving for each of my shifts accounts for a daily attestation that I meet the above criteria.
- I acknowledge that I understand that an N-95 mask and full PPE is required for all patients receiving any aerosol generating procedure such as high flow oxygen, nebulizers, etc. An N-95 mask is required in all areas that treat COVID-19 patients.

Per the Centers for Disease Control and Prevention (CDC) symptoms of COVID-19 are:

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.

**This information is subject to change based on the CDCs guidance, and if updates are made, current information will be released to employees.*

My signature confirms that I read and understand the above information.

Name

Signature

Date