

UCI Health

Employee Attestation

In effort to ensure the safety and health of myself, my co-workers, and patients, 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 **10** days since symptoms first appeared; or otherwise cleared by Employee Health.
- I acknowledge that by arriving for each of my shifts accounts for a daily attestation that I meet the above criteria. This includes wearing the appropriate facemask/respirator and eye protection for all patient interactions.
- I acknowledge that I will wear personal protective equipment (PPE) according to hospital guidelines in order to protect myself, my patients and my co-workers.

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.***

I have received the COVID-19 Plan In-service Education Handout

Print Name

Signature

Date

Department