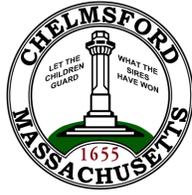


Covid-19 Daily Certification Sheet



Effective Date: 5/14/2020

Town of Chelmsford

Today's Date: _____

Prior to starting a shift, each employee will self-certify to their supervisor.

- I have had no signs of a fever or a measured temperature of 100.3 degrees or greater; respiratory symptoms such as cough, runny nose, sore throat or shortness of breath; flu like symptoms such as muscle aches, chills or severe fatigue; or a change in my sense of taste or smell within the past 24 hours.
- I have not had "close contact" with an individual diagnosed with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes or longer, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was infectious with or without symptoms.
- I have not been asked to self-isolate or quarantine by my doctor or a local public health official.

By Signing below, I, the employee certifies the above three points are correct. If the employee can't certify, they should immediately contact their supervisor, leave the site and seek medical attention immediately.

Date: _____

Name (Printed)

Signature

If this sheet doesn't provide enough space, additional sheets should be used for each day. Supervisors, or designees, shall list employees that weren't in the office today on the back of this sheet. This form must be retained for a time period of at least one year.