

Employee Health Statement – COVID 19

1. Temperature taken each day they are working and will not be allowed to work if they have a fever of over 100.4
2. Report any travel outside of state or country to your manager
3. Report any symptoms or illness that you are experiencing
4. Report any symptoms related to COVID-19
5. Report any diagnosis of COVID-19
6. Report any interaction with someone with high risk factors of contracting COVID-19
7. Required to wear face masks at all times while working in the restaurant
8. Practice social distancing
9. Wash and sanitize hands regularly
10. Do not touch face
11. Clean and sanitize high traffic areas often and regularly
12. Following TO-GO procedures to ensure customer safety

I understand that as an employee of _____ my health and the health of those around me are the main priority. In order to maintain the safety of employees and customers I agree to the safety procedures and employee health policies above set forth by _____. If I do not follow the procedures, I am in violation of company policy. I may receive disciplinary action up to and including termination of my employment.

Printed Name _____ **Date** _____

Signature _____ **Date** _____

Witness Signature _____ **Date** _____