



Zero Tolerance Notification

If you are observed showing signs or complaining about such symptoms, you will be asked to leave the project site immediately.

COVID-10 Typical Symptoms:

- Fever
- Cough
- Shortness of breath
- Sore Throat

I _____ working for _____.

Self-Certify Each of the Following:

- Have no signs of a fever or a measured temperature above 100.3 degrees or greater, a cough or trouble breathing within the past 24 hours. Initial: _____
- 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, being within 6 feet if a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a per who has tested positive for COVID-19, while that person was symptomatic. Initial: _____
- Have not been asked to self-isolate or quarantine by a doctor or a local public health official. Initial: _____
- Understand that A/Z has a 100% glove use policy (level 4 cut-resistant gloves) Initial: _____
- Understand that A/Z has a 100% eye protection policy (safety goggles/face shields) Initial: _____
- Will maintain social distancing separation (6' or greater) at all times. Initial: _____

Printed Name

Signature

Date