

RETURNING TO CAMPUS: EMPLOYEE SELF-ASSESSMENT REQUIREMENTS AND ATTESTATION

The University is committed to re-opening our campuses in a way that promotes the health and safety of our employees and students. This includes, in part, the enforcement of physical distancing, wearing of masks, access to hand sanitizer and encouraging hand washing. The University cannot be successful, however, without the commitment of its employees to do their part to similarly promote the health and safety of our Cardinal family. We all have a personal responsibility in fulfilling this commitment.

When returning to work on campus for the first time after May 11, 2020, or as soon as practical thereafter, it is my responsibility to complete this Attestation of Self-Assessment Requirements and submit this confirmation to my immediate supervisor.

I understand and affirm that PRIOR to reporting to work each day, I will conduct a daily health assessment, which consists of asking myself 2 simple questions:

Question 1: Have I had any of the following symptoms since my last day at work?

Fever of 100.4 or higher

Cough

Shortness of Breath

Sore Throat

Muscle Aches

Chills

Gastrointestinal symptoms (i.e. nausea, diarrhea, vomiting, etc., unrelated to an underlying medical condition or pregnancy)

Question 2: Have I been in close contact with anyone who has been diagnosed with COVID-19?

If I answer yes to EITHER of these two questions, I will

- 1) Stay at home
- 2) Immediately notify my supervisor I will not be reporting to work because I answered yes to questions 1, 2 or both. (Please do not share specific symptom information with your supervisor)
- 3) Call Campus Health at 852-6446 and notify them I am a UofL employee who has answered yes to questions 1, 2 or both so I can be scheduled for an appointment.
- 4) When I am released to return to work, I will provide my supervisor with a return to work notice from my medical healthcare provider. (This document should not include a diagnosis or confidential health information.) I am not permitted to return to work without an appropriate return to work notice.

Campus health will provide COVID-19 testing, if deemed necessary by a Campus Health medical professional, at no cost to the employee.

By returning to campus for work, I acknowledge that I understand my requirements to perform a daily self-assessment and that I will, in good faith, complete this health assessment prior to coming to work each day.

The University retains the right to conduct temperature screenings of employees at any time or send home employees who exhibit symptoms affiliated with COVID-19.

I have read and understand the above information. I am committed to doing my part in promoting the health and safety of my Cardinal family.

Signature

Printed Name

Date