**COMPANY LOGO**

**COMPANY XXX, COVID-19 EMPLOYEE PROTOCOL**

**Updated: Day Month Year**

**CONFIRMATION OF RECEIPT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee of COMPANY XXX, confirm that I have read the COMPANY XXX, COVID-19 Employee Protocol and understand the content therein.

I oblige to comply with all the rules and procedures as outlines in the document.

I will observe social distancing and the measures as outlined in the Employee’s Responsibility section, at all times.

I am aware of the signs and symptoms of COVID-19 and will monitor my own wellbeing, self-isolate at home and contact GP promptly for further advice if I display any signs or symptoms and report to managers immediately if any symptoms develop during the shift. I will stay out of work until all symptoms have cleared following self-isolation.

I will complete and return the pre-return to work form before return to work and inform my employer if there are any other circumstances relating to COVID-19, not included in the form, which may need to be disclosed to allow their safe return to work.

I will complete any temperature testing as implemented by the employer and in line with Public Health advice.

Employee Name ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_