COVID-19 HEALTH TRAINING

☐ I confirm through my signature below that I have been trained by [Name of Contractor or grower] on its COVID-19 health policies and procedures, and I fully commit to cooperating with these policies and practices while employed this season.

☐ To help [Name of Contractor or grower]’s efforts to minimize the spread of the COVID-19 virus in the workplace, I further confirm that I will use employer-provided gloves and face masks when directed, will regularly wash my hands, will follow social distancing recommendations in my work to the fullest extent possible, and will promptly notify Contractor should I experience any of the COVID-19 health symptoms of:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Employee

__________________________________________________________________________
Date

__________________________________________________________________________
Signature of Employee

__________________________________________________________________________
Printed Name of Employee