



Associate Agreement for Return to In-Person Services

I agree to go to work only after I have taken my temperature prior to each shift and when I feel healthy and do not show signs of illness_____(initial).

Per the CDC, COVID-19 signs of illness are as follows:

- Fever (temperature of 100.4° or higher in the past 48 hours)
- Rapid breathing or difficulty breathing (without recent physical activity)
- Cough
- Muscle pain
- Sore throat
- Chills and/or repeated shaking with chills
- Headache
- New loss of taste or smell

I understand that I will be given a washable face mask to wear during work hours. I agree to wash this mask to ensure that I have a clean mask for use each day_____(initial).

I understand that I will be given hand sanitizer, hand soap and cleaning disinfectant to utilize during therapy sessions. I agree to keep these items in my possession during work hours. I will store these items safely in my Easterseals bag and keep them out of reach of children at all times_____ (initial).

I acknowledge that I have reviewed the Pre-Session Health Screening and will complete this screening form before every session_____ (initial).

I agree to follow and adhere to the Safety Session Checklist and complete it during every session_____ (initial).

I agree to follow all policies and procedures related to minimizing risk of infection of COVID-19_____ (initial).

I have completed the Relias COVID-19 Return to Work, Infection Control and Autism Services Specific Training, and my questions about the COVID-19 Safety have been answered and I further understand that it is my responsibility to review updated Policies and Procedures as they are available_____ (initial).

My signature below indicates that I have read, understand and agree to the policies and procedures described herein. I understand also that it is my responsibility to understand and follow the COVID-19 Safety Policies and Procedures.

Employee Name (Print) _____

Signature_____Date_____