**Employee Daily COVID-19 Certification**

BACKGROUND:  
  
In an effort to continue to provide a safe workplace, please actively self-monitor your health and complete this certification before you begin work each day. If you are unable or unwilling to complete the certification, you will not be permitted to work on site. If you are unable or unwilling to complete the certification but believe circumstances warrant you being permitted to continue to work on site, you should contact HR Contact Name at HR Contact Phone Number. Before arriving at work and completing this certification, assess how you are feeling. Please contact your supervisor or HR Contact Name and do not come to work if you are unwilling or unable to complete this certification.

To help prevent the spread of COVID-19, Company Name is committed to providing paid leave to employees as required by law or company policy. For example, employees may be entitled to paid leave under the federal Families First Coronavirus Response Act (FFCRA) if they are unable to work or telework for certain reasons related to COVID-19. If you have questions about leave, please contact the HR Contact Name at HR Contact Phone Number.

Additionally, Company Name is committed to providing reasonable accommodations to employees as required by law. For instance, if an employee has a disability that the CDC identifies as potentially placing them at "higher risk for severe illness” from COVID-19, Company Name may be able to provide a reasonable accommodation to help mitigate the risk, unless it would impose an undue hardship on the company. If you have questions about reasonable accommodations, please contact HR Contact Name at HR Contact Phone Number.

ASSESSMENT:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, knowingly, freely, and voluntarily consent to the collection of my temperature and COVID-19-related symptoms and related information (“COVID-19 Assessment”) by Company Name.  
  
**In the past 14 days, have you experienced any of the following symptoms?**

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
| □ | □ | 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 |

**In the past 14 days, have you been in close contact (less than six feet) with anyone who is/was experiencing any of the above symptoms?**

|  |  |
| --- | --- |
| YES | NO |
| □ | □ |

**In the past 14 days, have you been in close contact (less than six feet) with anyone who has tested positive for COVID-19?**

|  |  |
| --- | --- |
| YES | NO |
| □ | □ |

**Have you tested positive for COVID-19 or have you been deemed presumptively positive for COVID-19 based on a healthcare provider’s assessment of your symptoms?:**

|  |  |
| --- | --- |
| YES | NO |
| □ | □ |

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**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Assessor:** |
| **Temperature reading:** |  |  |

**COVID-19 Temperature Taking Notice (required in California)**

**CONSENT AND AUTHORIZATION FOR COVID-19 ASSESSMENT AND DISCLOSURE**[**[1]**](https://adponline-my.sharepoint.com/personal/engj_es_ad_adp_com/Documents/Documents/COVID-19/a-B2B/Supplemental%20Guidelines%20for%20Back%20to%20Business%20052820.docx#_ftn1)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, knowingly, freely, and voluntarily consent to the collection of my temperature and COVID-19-related symptoms (“COVID-19 Assessment”) by Company Name’s designated employees in the time and manner provided under this COVID-19 Assessment, which I have read. I authorize the sharing of the results of the COVID-19 Assessment with designated members of the Company Name’s HR, legal, and IT departments, and as necessary and appropriate under the terms and conditions in the COVID-19 Assessment, in accordance with each of the following:

* I understand that the Company is engaged in efforts to address the National Public Health Emergency caused by the COVID-19 pandemic ensuring the safety and health of our employees, our customers, and the public at-large.
* I understand I have a right to a paper copy of this Consent and Authorization.
* The authorization to disclose hereunder will end no later than December 31, 2020.
* I understand that after the information is disclosed, federal or state law might not protect it and the recipient might redisclose it.

Signed…………………………………………..

Date……………………………………………..

[[1]](https://adponline-my.sharepoint.com/personal/engj_es_ad_adp_com/Documents/Documents/COVID-19/a-B2B/Supplemental%20Guidelines%20for%20Back%20to%20Business%20052820.docx#_ftnref1) Cal Civil Code 56.11 requires this language in 14-font if a third party conducts the testing.

**CCPA Notice at Collection[[1]](#footnote-1)**

This notice describes some of the categories of personal information (“PI”) collected by Company Name (the “Company”) and the purposes for which such PI may be used. We are providing this notice to you in accordance with California Civil Code Sec. 1798.100(b) and in connection with the Company’s COVID-19 Employee Assessment Program.

|  |
| --- |
| **Categories of Personal Information Collected** |
| Identifiers and Contact information. This category includes names, addresses, telephone numbers, mobile numbers, email addresses, and other similar contact information and identifiers.    Protected classification information. This category includes characteristics of protected classifications under California or federal law.    Audio, electronic, visual, thermal, olfactory, or similar information. This category includes, for example, information collected from camera and similar devices, and/or thermometers.    Professional and employment-related information. This category includes without limitation:     * fitness for duty data and reports * leave of absence information including family obligations, physical and mental health data concerning employee and his or her family members * travel information and information regarding close contacts |
| **Purposes Personal Information is Used** |
| * Confirming eligibility for employment and related checks regarding fitness for duty      * Processing payroll and employee benefit plan and program design and administration including enrollment and claims handling, and leave of absence administration      * Maintaining personnel records and record retention requirements      * Communicating with employees and/or employees’ emergency contacts      * Complying with applicable state and federal labor, employment, benefits, workers compensation, disability, equal employment opportunity, workplace safety, and related laws, guidance, or recommendations      * Improve safety of employees, customers and the public with regard to use of Company property and equipment |

If you have questions about this notice, you may call Phone Number.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This Notice would not address the various other categories of personal information that may be collected or the uses for same as required by the CCPA. It also may not address the collection of personal information from customers. [↑](#footnote-ref-1)