



VERIFICATION

Coronavirus Disease (COVID-19) Return To Work Essential Business - Services Provider Worker Integrated Resources Institute Employee

The purpose of this VERIFICATION is to acknowledge that I have taken and will continue to follow necessary steps and guidelines in returning to work due to the COVID-19 pandemic crisis. These steps are necessary to protect my personal health and safety in reducing the spread of the coronavirus. These guidelines will also serve to protect my family and communities, while ensuring continuity of functions critical to public health and safety as referenced by the Centers for Disease Control (CDC) and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

I verify by my initials and signature that I understand have reviewed, and will continue to review, practice and adhere to the COVID-19 Health and Safety Guidelines and review CDC website links:

COVID-19 Health & Safety Guidelines	CDC Website Links Reviewed	Initial
Coronavirus Disease COVID-19 Symptoms When to Seek Medical Attention	https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html	
How to Protect Yourself Washing of Hands Coughing & Sneezing	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html	
Wear Face Covering Mask	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html	
Social Distancing	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html	
Cleaning and Disinfection of Surfaces	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html	

As indicated above, I verify by my initials on this page and signature on the following page that I understand have reviewed, and will continue to review, practice and adhere to the COVID-19 Health and Safety Guidelines and continue to review these CDC website links.

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Coronavirus Disease (COVID-19) Return To Work
Essential Business Services Provider Worker
Integrated Resources Institute Employee

Signature Page

As an Integrated Resources Institute Employee, I verify by my signature below that I understand and have reviewed, and will continue to review, practice and adhere to the COVID-19 Health and Safety Guidelines and review the attached CDC website links.

Print Name/Signature

Date

IRI Management/Title

Date