



VERIFICATION
Coronavirus Disease (COVID-19)
Return To IRI Day Program
IRI Participant

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 as an essential business employee 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 while at work and continue to review these CDC website links.

IRI Corporate Office

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IRIOC.ORG

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Signature Page

As an essential business employee, I verify by my signature below that I have reviewed, and will continue to review, practice and follow the COVID-19 Health and Safety Guidelines at my place of employment.

These include :

- Recognizing COVID-19 Symptoms: Cough, Fever 100.4, difficulty breathing, headache, chills, repeated shaking with chills, muscle pain, sore throat, new loss of taste or smell
- Wash hands frequently
- Cover mouth and nose when coughing or sneezing
- Wear a face covering mask
- Maintain social distancing of at least 6 feet
- Clean and disinfect surfaces frequently

Name of My Employer/Volunteer Site: _____

Print Name/Signature

Date

Conservator/Legal Guardian

Date

IRI Management/Title

Date