



**MANDATORY COVID-19
STAFF SCREENING AGREEMENT**

Please initial the following:

_____ I understand that as a term of employment I will be asked to complete a screening assessment related to Covid-19 symptoms each and every time I enter a Troy Gym facility until further notice.

_____ I understand that I will not be allowed into the building if I answer yes to any of the checklist questions.

_____ I understand that I will not be allowed to work for 14 days following travel outside of the country, 14 days if within close contact of a diagnosed case of Covid-19, or for 3 days with no fever and at least 10 days since first symptom.

_____ I understand that I may be exposed to Covid-19 as a condition of working in an environment with other individuals outside of my household.

_____ I understand that I must leave immediately if I develop any symptoms while at work.

_____ I understand that I must follow social distancing guidelines (at least 6 ft spacing) while working to the fullest extent possible.

_____ I understand that I must follow any other executive orders as related to my employment (such as the wearing of masks).

_____ I understand that by coming to work, I have no known physical or health conditions that would present a known and undue risk of transmitting any virus and/or disease to other staff or participants.

_____ I understand that Troy Gym will keep confidential information regarding individuals' temperatures and reserves the right to exclude individuals from work or participation in activities based on this information in accordance with its policies.

_____ I understand that Troy Gym may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible.

_____ I understand that I will not be paid if I have to quarantine for any reason other than testing positive for Covid-19.

_____ I understand that it may be part of my job to enforce procedures related to Covid-19 and will actively abide by and enforce these policies.

_____ I understand that failure to abide by these policies and rules may result in my dismissal.

_____ I attest that I understand all of the listed requirements, that I will complete entrance screenings true to the best of my knowledge and belief, and affirm that I will follow social distancing and safety protocols to the best of my ability.

Signature: _____

Date: _____

Print Name: _____

For internal purposes only:
Covid-19 Assessment Date Completed: _____

Percentage: _____