



Our Lady Star of the Sea School
PO Box 560, 90 Alexander Lane
Solomons, MD 20688
Phone (410) 326-3171

Pastor: Father Ken Gill
Principal: Mrs. Jennifer Thompson

COVID-19 ACKNOWLEDGMENT FORM FOR STAFF

**In order to work, this acknowledgment form must be agreed to and signed
by each staff member.**

School: Our Lady Star of the Sea School

Name: _____

Job Title: _____

Please initial each statement below:

_____ I am aware of symptoms associated with COVID-19: 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.

_____ If I am exposed to a known case of COVID-19, then I will quarantine (14 days) according to local health department directives. I will provide documentation from the health department indicating my release from quarantine and return to work.

_____ If tested positive for COVID-19, I will isolate according to local health department directives. Once released from isolation, I will provide a note from my healthcare provider indicating I am able to return to work.

_____ If I have symptoms associated with COVID-19 (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, and Diarrhea), I will stay home from work. I will provide a healthcare provider note if requested.

Signature: _____

Date: _____