



Willingboro Public Schools

"Where Excellence is the Expectation"

Willingboro Public Schools COVID-19 Staff Safety Agreement

Name: _____ **Date:** _____

Location: _____ **Assignment:** _____

I will not report to work if any of the following conditions exist:

Cough, sore throat or fever

Fever of 100.4 degrees or higher

Shortness of breath or difficulty breathing

Shaking chills or muscle pain

Nausea, vomiting or diarrhea

Loss of smell or taste

Close contact with anyone suspected or confirmed with COVID-19 in the past 14 days

Awaiting COVID-19 test results.

Close contact is defined as being within 6 feet of a person who tested positive for COVID 19 for 10 or more minutes.

Employee Name (Print) _____

Signature _____

Date _____