

Workplace COVID-19 Release Form

Employee Name:

Email Address:

Department:

Date:

Health Screening

☐ I certify that I am not experiencing any COVID-19 related symptoms (e.g., fever, cough, shortness of breath).

☐ I have not been in close contact with anyone known or suspected to have COVID-19 in the last 14 days.

☐ I have not traveled internationally or to high-risk areas in the last 14 days.

Release of Liability

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by entering the workplace. I hereby release and hold harmless my employer from any claims relating to COVID-19 infection that may result from my presence at the workplace.

Additional Comments

Optional

Employee Signature:

Date:
