

# COVID-19 Employee Risk Acceptance Form

Employee Full Name

Employee ID

Position / Department

## Declaration

I acknowledge that by returning to the workplace during the COVID-19 pandemic, I may be exposed to risks associated with the virus. I understand the company has adopted preventive measures according to government and health authorities' guidelines.

- ☐ I have read and understood the workplace COVID-19 guidelines.
- ☐ I agree to follow all safety protocols, including use of PPE and social distancing.
- ☐ I will report any symptoms or possible exposure immediately.
- ☐ I accept the inherent risks involved in returning to work during the pandemic.

Additional Comments (optional)

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Employee Signature

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Date