

COVID-19 Exposure Acknowledgement Form

Full Name

Date

Organization / Department

Position / Title

I acknowledge that I have been informed of the potential risk of exposure to COVID-19 at this facility and/or as a result of my participation in its activities. I understand:

â€¢ COVID-19 is highly contagious and can lead to severe illness or death.

â€¢ Despite all safety protocols, there remains a risk of potential exposure.

â€¢ I agree to comply with all facility guidelines regarding health, safety, and reporting possible symptoms or exposures.

By signing below, I confirm that I have read and understand this acknowledgement.

Signature

Date