

Acknowledgement of Risk COVID-19 Novel Coronavirus

COVID-19 is contagious and is believed to spread mainly from person-to-person contact. The disease is thought to spread by nose and mouth droplets when someone who is infected coughs, sneezes or exhales. Not everyone who has COVID-19 has symptoms, so it is possible to be sick but not feel sick.

Print Participant Name

Print Guardian Name, if applicable

Program Name:

Date of Acknowledgement

I acknowledge that we all have an important role to play to keep ourselves, peers, co-workers and families safe to stop the spread of COVID-19. I know that I and/or my ward must take steps to stay well in order to protect others and promote a safe return to Day Program, and I agree to take responsibility for my own health, and/or that of my ward.

- ➔ I have discussed both risks and benefits of returning to in-person day services with staff at my Day Program.

- ➔ To help stop the spread of COVID-19 I agree to:
 - Monitor my own/my ward's health daily for the following:
 - Temperature of 100.0 or higher
 - Respiratory symptoms such as cough, sneezing or shortness of breath
 - Additional symptoms such as diarrhea, vomiting, or loss of taste
 - Self-isolate, contact my/my ward's Health Care Provider and follow their medical advice if I/my ward has;
 - Experienced any of the symptoms noted above while following the HCP's medical advice.
 - Lived with or have been in close contact with someone who has been exposed to COVID-19 in the past 14 days.
 - Been in close contact with someone who has been diagnosed with COVID-19 in the past 14 days.

- ➔ I understand that "close contact" means being within 6 feet or closer of another person, for 10 minutes or longer.

- ➔ I understand that it is my responsibility to be aware of additional COVID-19 exposure risks when planning vacations or trips out of state and agree to follow all applicable guidelines for isolation or quarantine when I/my ward return(s).
- ➔ I understand that it is my responsibility to be aware of current CDC guidelines for safe practices to reduce the risk of becoming infected, and to practice those guidelines and reinforce them in my home, including, but not limited to:
 - Washing hands often, using soap and warm water, for at least 20 seconds
 - Avoiding touching my face or other people’s faces
 - Not shaking hands or hugging
 - Covering my cough or sneeze
 - Wearing a face covering over my mouth and nose when I am around people who do not live with me
 - Maintaining safe social distance of 6 feet or more from people who do not live with me
 - Avoiding large gatherings of more than 10 people
- ➔ I know that Communitas is taking steps keep me/my ward safe when returning to Day Program, such as regularly disinfecting surfaces, requiring health monitoring, and requiring face coverings.
- ➔ I also understand that despite all reasonable efforts, I can still contract COVID-19.
- ➔ I have weighed the risks and benefits of attending Day Program for myself/my ward and have made the decision that I feel is best for myself/my ward.

<i>Print Participant Name</i>	<i>Participant Signature</i>
<i>Print Guardian Name, if applicable</i>	<i>Guardian Signature (if applicable)</i>
<i>Program</i>	<i>Date</i>