**INFORMED CONSENT TO RETURN TO OFFICE DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains important information about our (COMPANY AND EMPLOYEE) decision to resume working in office at [COMPANY NAME] in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between the staff member and [COMPANY NAME].

**Decision to return to office**

[COMPANY NAME] and \_\_\_\_\_\_\_\_ (Staff member’s name) have agreed for \_\_\_\_\_\_\_\_(staff member’s name) to return to working at the [COMPANY NAME] Headquarters. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that \_\_\_\_\_\_\_\_\_\_ (staff member’s name) returns to working full time remotely. If you have concerns about working remotely, we will talk about it first and try to address any issues. You understand that, if [COMPANY NAME] believes it is necessary, we may determine that \_\_\_\_\_\_ (Staff member’s name) to return to working remotely for everyone’s well-being.

If you decide at any time that you would feel safer staying with, or returning to working remotely, I will respect that decision, as long as it is feasible and appropriate.

**Risks of returning to the office**

I \_\_\_\_\_\_\_\_ (Staff member’s name) understand that by coming to the office, I am assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if I travel by public transportation, cab, or ridesharing service.

**Your Responsibility to Minimize Your Exposure**

To work at the [COMPANY NAME] Headquarter office, you agree to take certain precautions which will help keep everyone safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to our remote work arrangement. Initial each to indicate that you understand and agree to these actions:

* You will only return to office if you are symptom free. \_\_\_
* You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_
* You will adhere to the safe distancing precautions we have set up. This means avoiding all communal areas to include: [list areas here] \_\_\_
* You will wear a mask in all areas of the office \_\_\_
* You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with anyone else in the building or suite\_\_\_
* You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_
* If a resident of your home or anyone else you have been in physical contact with tests positive for COVID-19, you will immediately let [list appropriate staff] know.\_\_\_

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

**Our Commitment to Minimize Exposure**

[COMPANY NAME] has taken steps to reduce the risk of spreading the coronavirus within the office which are listed below. Please let me know if you have questions about these efforts.

**If You Are Sick**

You understand that I am committed to keeping you, Staff, and all of our families safe from the spread of this virus. If you show up to the office and believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately.

If any HQ staff tests positive for the coronavirus, I will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[HR representative OR Executive] Date

DISCLAIMER: The NGA and its contributors provide this resource for educational and informational purposes. Nothing contained in these materials should be considered the rendering of legal or other professional advice. Companies should consult an attorney for specific legal advice. The NGA and contributors make no express or implied warranties or guarantees about the accuracy of the information provided.

[Below is a sample notice to post in the office / on your website. Customize for your practice.]

**Office Safety Precautions in Effect During the Pandemic**

My office is taking the following precautions to protect Staff and help slow the spread of the coronavirus.

* Staff must wear masks.
* Staff maintains safe distancing.
* Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
* Hand sanitizer that contains at least 60% alcohol is available in the office.
* Visitors are prohibited from entering the office suite.
* Staff must disinfect their work area after each workday.
* Janitorial staff will be cleaning the office each night.
* Physical contact is not permitted.
* Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.

DISCLAIMER: The NGA and its contributors provide this resource for educational and informational purposes. Nothing contained in these materials should be considered the rendering of legal or other professional advice. Companies should consult an attorney for specific legal advice. The NGA and contributors make no express or implied warranties or guarantees about the accuracy of the information provided.

# COVID-19 Pandemic Service Consent Form

Please take a moment to complete our consent form.

By signing the form below you agree to knowingly and willingly consenting to have [XX] service during the COVID-19 pandemic.

We reserve the right to refuse service if this form is not submitted. Thank you.

**What We Are Doing**

* Extra cleaning, disinfecting and sanitization following guidelines from the government, WHO & CDC.
* Implemented social distancing at all work areas with
* Germicidal UV lights installed to our air conditioning system
* Plexiglass & glass panels
* Hand sanitizer & wipes
* Staff wear face shields and masks at all times.
* Regular hand washing and glove wearing.
* Reduction of teams working at once.
* Temperature checks on all clients and staff before entering

First Name

Last Name

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

**Initials**

I understand that due to the frequency of visits of other clients and the characteristics of the virus that I have an elevated risk of contracting the virus simply by being in [XX].

**Initials**

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

* Temperature above 98.7 degrees
* Shortness of breath
* Loss of sense of taste or smell
* Dry cough
* Sore Throat

**I Am Not Presenting Symptom, Initials**

I confirm that I have not been around anyone with these symptoms in the past 14 days.

**Initials**

I do not live with anyone who is sick or quarantined.

**I Do Not, Initials**

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow strict guidelines.

**Initials**

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.

**Initials**

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

**Initials**

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

**Initials**

Date Please enter today's date.

Signature Please type your full name below.

By filling this from and signing it, serves and verifies that you fully agree to our safety policy for our services.

DISCLAIMER: The NGA and its contributors provide this resource for educational and informational purposes. Nothing contained in these materials should be considered the rendering of legal or other professional advice. Companies should consult an attorney for specific legal advice. The NGA and contributors make no express or implied warranties or guarantees about the accuracy of the information provided.