



HAWAI'I ISLAND ADULT CARE, INC.

EMPLOYEE COVID-19 CERTIFICATION NOTICE

The safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the potential risk of exposure to our teammates and prevent the spread of the coronavirus, **BEFORE ENTERING THE WORKSITE, PLEASE READ THIS NOTICE CAREFULLY. IF YOU DISAGREE WITH ANY OF THE REPRESENTATIONS BELOW, DO NOT ENTER THE WORKSITE AND CONTACT OUR SR. ADMIN. ASSIST./HR IMMEDIATELY FOR FURTHER INSTRUCTIONS.**

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you, your teammates and our clients and vendors. If you have any questions or concerns about this notice, please contact your HR Manager.

BY ENTERING THIS WORKSITE, YOU ARE AFFIRMING AND REPRESENTING THAT:

Representations	
1	You have <u>NOT</u> tested positive for COVID-19, or you are <u>NOT</u> presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms.
2	You have <u>NOT</u> been tested for COVID-19 and are waiting to receive test results.
3	You are <u>NOT</u> currently experiencing, or have <u>NOT</u> experienced any of the following symptoms in the last 14 days: <ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Fever of 100.4° F or higher <input type="checkbox"/> Chills <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Nausea, diarrhea, vomiting
4	You have <u>NOT</u> , in the past 14 days, been in close contact to anyone who experienced any of the above symptoms or has experienced any of the above symptoms since your contact.
5	You have <u>NOT</u> , in the past 14 days, been in close contact to anyone who has tested positive for COVID-19.
6	You have <u>NOT</u> , in the past 14 days, been on a flight or traveled outside of the United States.
7	You have <u>NOT</u> , in the past 14 days, been in close contact to anyone who has been on a flight or traveled outside of the United States.