

# COVID-19 Consent to Work

## CONSENT TO WORK

I am an employee or contractor of \_\_\_\_\_ (the “Company”). I acknowledge that my work for the Company may cause me to be in environments that have a heightened risk of coronavirus (a/k/a COVID-19) transmission for myself or others. In consideration of the Company allowing me to continue working at various locations, I hereby make the following representations and promises:

1. I am aware of health risks to myself, my family, and other persons in my circle of contact that may be present due to work-related exposure to co-workers, contractors and owners or residents of properties in which I work. These risks are uncertain as to scope and severity and, although measures can be taken to reduce the risk of virus transmission, I acknowledge that the Company cannot provide a work environment that is entirely safe or sanitary from infecting agents. With this knowledge, I agree that I assume all health risks inherent in continuing to work for the Company that may be associated with the coronavirus (COVID-19).

2. I agree that while working for the Company I will cooperate at all times in carefully observing and implementing all procedures, protocols, standards, and other measures that the Company may require or recommend to reduce the risk of virus transmission and infection to myself, the Company’s customers, and others.

3. This instrument does not constitute a contract of employment or a promise of employment or engagement for any specific period, nor does it alter the Company’s ability to take disciplinary or other action that is adverse to me as the Company may determine to be appropriate in the circumstances and as permitted by applicable law.

EMPLOYEE/CONTRACTOR

COMPANY

\_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

## COVID-19 Essential Business Travel Letter (Page 1)

[date]

Re: Exemption of \_\_\_\_\_ employees and affiliate companies/authorized providers

Dear \_\_\_\_\_ employee or authorized agent:

\_\_\_\_\_ recognizes that authorities in certain jurisdictions have ordered the restriction of certain work and travel because of the coronavirus (COVID-19) pandemic. However, <Company Name> employees and their authorized agents are exempt from these restrictions because they provide **critical services that are necessary to maintaining the safety, sanitation and essential operation of residences and businesses.**

Due to the nature and critical needs of our products and services, \_\_\_\_\_ will continue its regular operations under this authority. **Therefore, all \_\_\_\_\_ employees and authorized agents should continue to report to and engage in work** at their regularly scheduled time and location.

We pride ourselves on continuing to provide industry-leading products and services to our customers through challenging periods such as this. And we thank you for all you're doing. It means a lot, maybe more than ever, that you are answering this call.

Please keep this letter with you as indication of your AUTHORIZATION TO TRAVEL. See page two of this letter for additional guidance.

If you have questions regarding this information, please contact your management team.

Sincerely,

## COVID-19 Essential Business Travel Letter (Page 2)

In connection with the coronavirus (COVID-19) pandemic, local, state and federal agencies have published written guidance to assist local governments in determining who is or is not a critical infrastructure employee. These lists describe employees who are considered critical infrastructure workers as those involved in:

- Travel to provide personal care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons.
- Critical trade occupations, such as building and construction, plumbers, electricians, HVAC, exterminators, janitorial staff, security staff, painters, moving and relocation services and other services that are necessary to maintaining the safety, sanitation and essential operation of residences and businesses.

employees and authorized agents fit into these categories. As such, employees and authorized agents of are exempt from the governing order and may continue their duties to carry out critical operations and related essential services.

## COVID-19 Home Access Authorizations

Contractor/Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

During this time of concerns about the coronavirus (COVID-19), we want to assure you that <Company> is operating at full capacity and intends to continue doing so.

Our staff will follow the guidelines below when visiting your location:

-Per CDC recommendations we will be keeping an approximate 6-foot distance from any individuals.

-We will not schedule visits if any of our staff is feeling sick, has a fever or is showing signs of a respiratory illness.

-We will not shake hands on arrival, and we will keep an appropriate distance.

-We will use hand sanitizer as we exit our vehicle, so we arrive to the door with hands as clean as possible.

-We will put on fresh boot covers for each visit.

-After the work/evaluation is completed for each day we will wipe down with disinfectant solution or wipes all appropriate areas that were touched by our staff.

### Question:

Have you, or has anyone else in your household, had any known symptoms of the coronavirus (COVID-19) or traveled outside the United States in the past 14 days?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain:

\_\_\_\_\_

We wish you all the best during these challenging times. If you have any questions, please contact our Customer Service Team at \_\_\_\_\_ . Thank you!

**By signing this document, you agree to allow the employees or authorized agents of to enter your home to complete the work/evaluation requested.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Coronavirus (COVID-19) Team Member Questionnaire

- 1) Within the last 14 days, have you been in contact with anyone that has been diagnosed with the coronavirus (COVID-19)?  Yes  No. *If yes, explain below.*
- 2) Within the past 14 days, have you traveled in areas that have travel restrictions directed by the United States government?  Yes  No. *If yes, explain below.*
- 3) Within the past 14 days, have you shown symptoms that are identified with the coronavirus (COVID-19)?  Yes  No. *If yes, explain below.*
- 4) Are you regularly performing personal hygiene and sanitation activities as recommended to curb the potential spread of the coronavirus (COVID-19)?  Yes  No

By completing and signing this document, I certify that all information herein is accurate and true. No information provided has been falsified or presented in an inaccurate or misleading manner. *I agree to promptly advise my manager if any of the foregoing information changes hereafter.*

Team Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_

Additional information:

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***NOTICE FROM THE CENTERS FOR DISEASE CONTROL (CDC):***

If you develop symptoms such as fever, cough, and/or difficulty breathing, and have been in close contact with a person known to have COVID-19 or have recently traveled from an area with [ongoing spread of COVID-19](#), stay home and call your healthcare provider. Older patients and individuals who have severe underlying medical conditions or are immunocompromised should contact their healthcare provider early, even if their illness is mild. If you have severe symptoms, such as persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips of face, contact your healthcare provider or emergency room and seek care immediately. Your doctor will determine if you have signs and symptoms of COVID-19 and whether you should be tested. For more information, see:

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#symptoms>