



COVID-19 ACKNOWLEDGEMENT FORM FOR EMPLOYEES WORKING IN RESEARCH LABORATORIES

The purpose of this form is to ensure that all WPI employees understand and acknowledge their responsibility to comply with institutional and public health guidance to reduce the risk of transmission of COVID-19.

I, _____, acknowledge and agree to the following terms as a condition of being allowed on campus:

1. Within the past fourteen (14) days, I have not tested positive for COVID-19, nor am I aware being in close contact with someone, including any member of my household, who I know has tested positive for COVID-19, is being tested for COVID-19, or has COVID-19-like symptoms.

2. I agree that I will leave work or will not come to work on campus if I have a fever or other COVID-19-like symptoms; if I am advised to self-isolate or get tested for COVID-19; if I test positive for COVID-19; or if I have been in close contact with someone, including any member of my household, who I know has tested positive for COVID-19, is being tested for COVID-19, or has COVID-19-like symptoms. I agree that I will follow WPI's Return to Campus Guidance on when I will be permitted to return to work on campus and I will immediately report any positive COVID-19 test, for myself or a close contact, to WPI Health Services.

3. I understand and acknowledge the Commonwealth of Massachusetts' [emergency orders](#) and the [Reopening Massachusetts guidance](#) related to the COVID-19 State of Emergency, as well as [CDC Guidance](#), [WPI's Return to Campus Guidance](#), and [WPI's Research Lab Reopening Guidance](#) for mitigating the spread of COVID-19, including doing a daily self-check for symptoms; staying home if I am sick; wearing a cloth face covering (unless it is unsafe to do so due to a medical condition or disability); maintain physical distance and staying at least six feet from others; washing my hands frequently with soap and water for at least 20 seconds or using alcohol-based hand sanitizers with at least 60% alcohol; avoiding touching my face, eyes, nose, and mouth; cleaning and disinfecting frequently touched surfaces in my workspace; covering my coughs and sneezes; throwing out used tissues and washing my hands; and avoiding shaking hands, hugging, or touching when greeting another person on campus.

4. I understand and agree to comply with any testing, health monitoring and contact tracing protocols should WPI or public health authorities determine that such measures are prudent to maintain a safe campus environment. I understand that WPI will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from employees. However, I understand and agree that WPI may share my COVID-19-related information with certain employees and/or public health officials with a legitimate need to know this information.



5. I agree to comply with instructions concerning access to buildings and spaces on campus, including occupancy limits and building and office-specific signage, including elevator limits, one-way hallways and stairwells, restroom limits, and designated entrances and exits.

6. I understand and agree that WPI has the discretion to determine whether I am permitted to be on campus, or in a particular building, and at any time may require me to leave and not return to campus if it is determined that I have not complied with WPI or public health policies or guidelines, or if my presence on campus poses a health risk to others.

7. I have completed WPI's COVID-19 training for employees.

8. I have completed WPI's COVID-19 training for research personnel.

I HAVE READ THIS FORM BEFORE SIGNING IT AND AGREE TO BE BOUND BY ITS TERMS.

Printed Name

Signature

_____, 2020
Date