



Return to Work Terms and Conditions

As a member of the NEOMED workforce, your safety and wellness are our primary concern during the COVID-19 pandemic. We likewise understand that you may not be able to perform your work remotely and therefore need to be on campus to accomplish much of your work. In order to properly gauge institutional risk and better manage a safe re-opening of our campus, it is incumbent upon the University to obtain the following information about you in association with your decision to return to work. **Please initial as appropriate to each of the following considerations.**

Need to return to campus:

- I need to be on campus to complete my work.
- I do not need to be on campus to complete my work.

Risks associated with returning to campus:

- I am not a member of an at-risk population, nor do I live with a member of an at-risk population.
- I am a member of an at-risk population or I live with a member of an at-risk population, but I am voluntarily choosing to return to work on campus at this time.

“At-risk populations” are defined as those over the age of 60; those with serious underlying health conditions, including liver disease, chronic lung disease, diabetes, obesity, asthma, chronic kidney disease, serious heart conditions; and those with compromised immune systems such as by chemotherapy for cancer or other conditions requiring immunosuppressive therapy.

Social impediments associated with returning to campus:

- I do not have any social impediments that prevent me from returning to work.
- I have social impediments, but they are not preventing me from voluntarily choosing to return to work on campus at this time.

“Social impediments” are defined as a lack of dependent care due to school/child or adult daycare.



NEOMED is permitting employees to return to work under very controlled conditions. By returning to work at this point in time, you are attesting that the information you have provided below is accurate and truthful as of this date. You further acknowledge that the following requirements are in place campus-wide and agree to comply with them as stated below **or as modified by further written communication(s)**. **Please initial where indicated.**

_____ I understand I am obligated to **certify every time I report to campus**, in the manner indicated by my supervisor, that I have a measured body temperature (below 100.4 degrees Fahrenheit) and no new onset of illness. I understand that I am to **remain at home** should I become symptomatic in any way and will report any exposure or illness consistent with COVID-19 to my supervisor.

_____ I understand I am obligated to **comply with the following workplace controls** currently in place to maximize workplace safety and minimize potential risk of exposure:

- Practice **social distancing** by ensuring a 6-foot distance between people at all times
- Wear a **face covering** while at work unless working alone in an enclosed workspace unless I am exempt from doing so by my supervisor in accordance with the Ohio Department of Health regulations
- Engage in **regular handwashing and hand sanitizing**
- Frequently **disinfect** my personal workspace (i.e., desk, workstation, lab counter)
- Refrain from hosting any **visitors** to campus until directed otherwise

_____ I understand that, should I fail to adhere to the workplace control in place at this time, **I may be required to leave campus** and utilize paid or unpaid leave for the balance of the day. I further understand that my repeated failure to adhere to workplace controls **may result in discipline**, up to and including termination.

Employee Name: _____

Signature: _____ Date: _____

Supervisor Name: _____

Signature: _____ Date: _____