

Physician, APP
Commitment to Daily Monitoring Practice
COVID-19

In consideration for continuing to provide patient care at a Premier Health Facility, I commit to:

1. Taking my temperature daily before coming to work (if thermometer available)
2. Monitoring for new onset of the following:
 - a. Chills/fever
 - b. New onset of cough, shortness of breath, and other symptoms of a respiratory infection,
 - c. Diarrhea or vomiting.
 - d. Loss of taste/smell
 - e. Unexplained muscle aches
3. Reporting use of any medications in the last 3 days to control any of the symptoms above.

If any of the above situations exist, I will not report to work until I have been tested for COVID-19 and this disease is ruled out.

If any of the above situations exist and I am needed for an emergency with no alternatives, I will wear a mask at all times, to provide care for the emergent situation and then leave the facility in order to pursue testing.

If I am diagnosed with COVID-19 or if I am not tested, I will not return to work until 10 days have passed since the onset of symptoms AND 72 hours have passed without any medications to manage the symptoms.

I will wear a mask when on the premises if that is the current policy and use hand gel as I enter.

I will renew my attestestation quarterly with a prompt response to email requests.

Signature: _____ Date: / /