**Employee COVID-19 Training & Acknowledgement Form**

This form is confirmation that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed his/her COVID-19 training. He/she has met all the qualification as required by the Center for Disease Control (CDC), State of Tennessee and City Regulators. These conditions will remain in effect and the content will be implemented in every case. He/she understands the requirements set forth are necessary in order to maintain a healthy and safe work place. If an employee feels sick, he/she will not report to work and will be required to return with proper supporting documentation of a negative screening. If testing results are positive, the employee must notify their supervisor immediately. He/she will not be permitted to return to work for 14 days. One Life LLC will not hold any responsibility in the event of illness that may be contract from One Life LLC affiliates, clients or employees.

Please sign and date that you have receiving training, understand, will comply and implement the proper procedures and will continue to receive updated training as deemed necessary about COVID-19 and any other airborne pathogens.

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Employee Signature Date

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Agency Signature Date