

Human Technologies has always made the health and safety of our employees and their families a top priority.

In keeping with the company’s Safety Pledge to take care of ourselves and look out for our co-workers, all employees who work at our Corporate Headquarters (2260 Dwyer Avenue) or the Distribution Center (2332 Bleecker Street) must complete and submit this form each week and attest to their current health status as described below.

Only one form per week needs to be completed. Employees working in these buildings do not have to fill out a second form, or a visitor form, if work requires them to visit the other building.

This form is not required for those employees who perform work at customer sites.

DO NOT REPORT TO WORK and immediately notify your supervisor if you have any of the following symptoms:

- Fever or chills
- Dry cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

ATTESTATION INSTRUCTIONS

Please put your initials in the appropriate box underneath EACH DAY you report to work. Your initials attest:

- You do not currently have any of the symptoms listed in the DO NOT REPORT TO WORK section above.
- You have not had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days.
- You are not awaiting COVID-19 test results for yourself or for someone you have had close contact with, and/or have not been asked to self-quarantine by a medical professional for any day you have reported to work.
- You have not returned from another country in the past 14 days.

Please do not leave a box blank. If you did not report for work for any reason on a given day, draw an “X” in that box.

If you are unable to attest for any reason, please do not report to work and notify your supervisor. If you are already at work, notify your supervisor and isolate yourself from others until further notice.

WEEK OF *(Monday’s date)* _____ **EMPLOYEE NAME** *(Please print)* _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

By signing my name below, I attest that I have read, understood, and complied with all of the instructions noted above.

EMPLOYEE SIGNATURE _____ **DATE SIGNED** _____

Please place your completed attestation in the designated collection box located near the main entrance at the end of your scheduled work week.