Company: _____ Date: _____

All crew members please sign to indicate that you agree with the following statement:

I am following CDC and New York State guidelines which state that anyone who exhibits symptoms related to COVID-19 or believes they have been exposed to Coronavirus should not report to work and should stay home. In addition to the digital signature of my name that appears on this document, I confirm that my "clock - in" photo on today's date acts as confirmation that I am following these guidelines.

Printed Name	Signature