



**APPENDIX B**  
**PERSONAL CARE PROVIDER HEALTH AGREEMENT FOR COVID-19**

**Background**

COVID-19 is a highly contagious viral illness that easily spreads through contact with others. Excluding sick employees from the workplace is one of the best defenses against community spread.

This document is not a substitute for medical advice. If you have concerns about your health and COVID-19, please consult a medical provider. Indicator symptoms of COVID-19 may change as new information is discovered. Current CDC guidance indicates that people infected with COVID-19 may have the following symptoms:

- fever over 100.4° Fahrenheit
- cough
- shortness of breath or difficulty breathing
- sore throat
- chills or repeated shaking with chills
- unexplained muscle pain
- new loss of taste or smell
- vomiting
- diarrhea

Employees or Providers experiencing any of the above symptoms must be required to leave work immediately and be directed to contact one of the COVID-19 screening centers listed on the health department’s website at: [missoula.co/cvirus](http://missoula.co/cvirus). If they are accepted for testing, they must stay home until they receive a negative COVID test. If they are not accepted for testing, employees must be excluded from work until they have been symptom-free, with no help from symptom-reducing or relieving medicines, for at least 24 hours.

**Agreement**

I AGREE NOT TO WORK IF I HAVE THE ABOVE REFERENCED SYMPTOMS, AND AGREE TO FOLLOW THE DIRECTIONS FOR SCREENING AND TESTING.

I UNDERSTAND THAT A DAILY SYMPTOM CHECK WILL BE REQUIRED BEFORE I BEGIN WORKING EACH SHIFT.

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Name	Signature	Date
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