

Informed Consent for Entering PAX Technology Facility during COVID-19 Outbreak

As the coronavirus (COVID-19) continues to spread, PAX Technology, Inc. wants to ensure that you are aware of what steps we are taking to protect you as an employee/temporary agents. In order to prevent spread of COVID-19, please ensure that you follow the Coronavirus Policy.

In addition, PAX will continue to follow all federal, state and local regulations including, but not limited to, the CDC and OSHA to protect employees/temporary agents during this time. PAX will continue to monitor the situation as it progresses.

During this unprecedented time,

1. Those employees in high-risk categories can continue to work from home until further notice. The decision to do this will be fully supported and respected by PAX.

- a. Underlying health conditions
- b. Age group risk (65+)

2. Any employee who or the family member with close contact is sick should not come to work. If he or she has the flu (or symptoms), they should stay home for at least two full weeks.

All those who would like to remain home during the COVID-19 outbreak need to fill out the necessary time off application online and discuss with their Supervisor/Human Resources.

I understand that the symptoms listed below are representative of COVID-19:

- Fever
- Dry Cough
- Shortness of Breath
- Temperature
- Persistent pain or pressure in the chest
- Bluish lips or face

I understand that all travelers arriving from a country or region with widespread ongoing transmission, as outlined by the CDC, should stay home for 14 days to practice social distancing and monitor their health after their arrival.

I confirm that I do not display or currently have any of the symptoms that are representative of COVID-19, which are outlined above:____(Initial)

I confirm that if I display any of these symptoms, I will be sent home immediately.____(Initial)



I confirm that my employer has the right to screen me for symptoms prior to every shift to protect other employees/temporary agents from the spread of COVID-19. _____(Initial)

I confirm that I have not traveled to any of the countries or regions with widespread ongoing transmission in the past 14 days. _____(Initial)

I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days. _____(Initial)

I understand that based on what is currently known about COVID-19, the spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. I understand that close contact can occur from being within approximately 6 feet of someone with COVID-19 for a prolonged period of time or by having direct contact with infectious secretions from someone with COVID-19.

Employee/Temporary Agent Name: _____

Employee/Temporary Agent Signature: _____

Date: _____

